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A M E R I C A N A S S O C I A T I O N O F B L O O D B A N K S

1986
Annual Report
American
Association of
Blood Banks

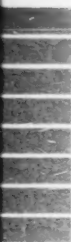


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President's Report

It is my pleasure to briefly summarize the major activities and accomplishments of the 1985-1986 AABB Association year. I have had the opportunity to lead the Association during a time of continued growth. Our Institutional Membership has increased to approximately 2400 and our Individual Membership is almost 8000. The 39th Annual Meeting was the most well-attended annual meeting in the Association's history. Our exhibitors displayed the largest collection of the latest technology, publications and services available to the transfusion community ever assembled at an AABB Annual Meeting. Our financial position is stable with assets just over four million dollars. We expended nearly \$2.5 million on programs and services for our members.

A variety of scientific issues, which were complicated by emotions and politics, characterized my year as president. The recognition that AIDS could be transmitted by blood transfusion had consumed our energies in 1983 and 1984. The screening test introduced in 1985 seemed for me, as president elect, the answer to my prayers. However, the complex issues surrounding AIDS and the safety of the blood supply continued to absorb our time. "Look-Back," tighter donor screening, long-term frozen storage of blood, directed donations, donor notification and surrogate testing were major issues of my presidential year.

Two mid-year conferences, one on "Competition in Blood Services" and another for donor recruiters on "Coping with AIDS," were well attended. The first AABB teleconference "Current Status of HTLV-III Testing" was shown nationwide. An autologous transfusion resource center was established to serve an educational function. A major AIDS education program was launched to combat AIDS' fears and mythology, emphasizing the absolute safety of blood donation. Additional grants were awarded by the AABB Foundation. AABB and NHLBI sponsored an award for student research. ISBT and AABB finalized plans to have a joint meeting in 1990. The AABB continued to provide its members expert opinion on issues which included informed consent. All of these activities increased our stature and were consistent with our mission statement and goals.

At the operational level, many committees, the ASCC, the SSCC, the AABB Foundation Board of Trustees and the AABB Board of Directors made significant decisions which allowed us to accomplish many of our Association goals. Our long-range plan includes consideration of adequate National Office facilities. Two-hundred thousand dollars was placed in a restricted fund as a start to ensure this goal. Other well-known long-standing programs of the Association continued to grow and prosper.

It has been my privilege to have served as president of the AABB. I wish to thank all of you for your support during the year. We can all be proud of the AABB.



Eugene M. Berkman, MD

Executive Director's Report

It continues to be a challenge and a pleasure to be a part of the outstanding staff team which serves the AABB membership.

Like the past few years, 1986 was one which presented problems to solve; but if problems are viewed as opportunities for positive change, growth, and ultimate success, then it was a good year. The Association continues to grow and prosper. Importantly, it does so, in my view, by responding to members' needs.

The AIDS situation continued to dominate our agenda. But other transfusion transmitted diseases took their place alongside. The process of consensus development of joint responses to these issues continued apace. Important decisions were made regarding surrogate testing for non-A, non-B hepatitis.

It became clear during 1986 that the public is becoming increasingly concerned with transfusion safety. In early 1986, the AABB published the results of its first national public opinion poll on attitudes regarding blood donation and transfusion. In response to the poll, a major public education campaign was developed to allay fear of AIDS transmission via blood donation. Also, the first national conference for donor recruiters and public relations specialists was sponsored by the AABB to discuss ways of dealing with the AIDS crisis.

The AABB responded in other ways to the need for information and education on AIDS. It put on its first national teleconference, using a special video presentation underwritten by a generous grant from DuPont. Our weekly newsletter, *Blood Bank Week*, expanded to over 1000 subscribers. But AIDS was not the only concern. Competition among blood service providers began to intensify in late 1985 and early 1986. Responding to this, a national conference on competition was held in June, which brought together a diverse group of speakers, some of whom challenged traditional concepts of blood banking.

While responding to current needs is important, planning for the future may be even more critical. The AABB has a formal mechanism for doing so: the Planning Council, which is a subset of the Board of Directors. Picking up on direction established by the Planning Council, staff held a strategic planning retreat in September during which it identified a number of areas for future association endeavors. It is exciting to be a part of an organization that looks ahead; that recognizes a need to always provide leadership and service to its members.

A major staff reorganization was instituted in January, 1986. All departments were organized into three divisions: Programs, Public Affairs, and Administration and Finance. For the most part, the plan has worked exceedingly well. During the year, the staff occupied an additional 2000 sq ft of space which had previously been sublet to the American Blood Commission. The meeting services staff has moved to an area adjoining the conference room. A new reception area for members who attend committee meetings has been constructed to make them more comfortable.

Staff now occupies all of the space available under our current lease. During the coming year, a space analysis will be conducted. It is clear that more space will be required; thus we are also looking at the possibility of buying or constructing an AABB headquarters building.

Developing a solid financial basis for the Association is essential for our future success, and is a key goal for the immediate future. In 1986, we took a step toward bringing our fiscal year into synchronization with our Association year. We now have a fiscal year which begins on October 1st and ends on September 30th. The Annual Meeting now comes at the start of the fiscal year, rather than at the end. This will help with our budgeting, and, from a practical standpoint, makes the fiscal year basically the same as the annual term of Committees and the Board of Directors. Internally, we are continuing to refine our chart of accounts, financial controls, cost center budgeting, and are taking other measures which will assure the membership of prudent financial management. I am extremely proud to say that National Office expenses have not exceeded budget in the past five years, and that every effort will be made to see that this continues.

I hope that the members are as proud of their staff as I am. Their professionalism and enthusiasm for the Association and its goals are extremely high. The constant drain on our energies which AIDS has generated for over four years has not diminished our desire to see the AABB prosper. We continue to enjoy our special relationship with some of the most dedicated people in the health care profession: blood bankers.



Gilbert M. Clark, JD

Services, Activities and Programs for 1986

The American Association of Blood Banks had a landmark year in 1986. Membership exceeded 10,000, and the Annual Meeting was the largest in its 39-year history. New ground was broken in professional education and public information programs. AABB played a leadership role in efforts to maintain the safety of the blood supply and to protect donors and patients. AABB members can take great pride in the activities and accomplishments described on the following pages.

Inspection and Accreditation

Using a group of 620 trained, volunteer inspectors, the AABB Inspection and Accreditation (I&A) program performed approximately 1250 inspections of blood banks and transfusion services in 1986. These inspectors are overseen by 26 area chairmen along with the chairman and vice chairman of the Committee on Inspection and Accreditation. Inspected facilities are in all 50 states and several foreign countries. The program, established in 1957, continues to grow and maintain its reputation for excellence.

In addition, several publications related to the I&A program were published, including the *I&A Policies and Procedures Manual*, known as the "blue book," used by area chairmen and inspectors. It contains a description of the I&A process and copies of I&A forms and letters. The *Inspection Report Form (IRF)* was revised to comply with the new edition of *Standards for Blood Banks and Transfusion Services*.

For the first time, a book was published to assist inspectors and facilities get the most benefit from an AABB inspection. The *Accreditation Requirements Manual (ARM)* follows the format of the IRF with corresponding citations. There are explanations of the requirements as well as recommendations and suggestions for operating procedures.

This was the final year of leadership for long-time I&A Committee Chairman, Robert E. Klein, MD. Klein retired from his position in November, 1986, and was succeeded by Randi Rosvoll, MD. Klein had been chairman of the committee for 14 years, with 27 years of service on the committee.

Standards

In 1986, the *AABB Standards for Blood Banks and Transfusion Services* was revised for the publication of the 12th edition in 1987. The new *Standards* contains numerous changes for donor testing, labeling and record keeping; but the most significant item relates to interim measures to reduce the risk of transfusion-associated non-A, non-B hepatitis.

The revised standards was drafted by the Standards Committee with recommendations from AABB members, the American Red Cross, the Food and Drug Administration, the College of American Pathologists and the Department of Defense.

The National Blood Exchange

To more accurately reflect its current functions, the name of the National Clearinghouse Lifeline Program, created in 1953, was changed to the National Blood Exchange in 1986. A number of changes were made by the National Blood Exchange Committee to modify and simplify the exchange procedures, including the elimination of suggested prices for blood and blood components.

The National Blood Exchange remains the only coordinated nationwide system for inter-blood bank resource sharing. In 1986, a total of 402,618 transactions were processed, including 98,809 replacements in the names of specific patients and 303,809 shipments of blood and components. At the end of 1986, the National Blood Exchange had 812 direct, auxiliary and affiliate participants serving patients in 1759 transfusion services.

In October, the NBE participated in a Department of Defense exercise in emergency preparedness. Thanks to the cooperation of NBE participating institutions, the exercise was a great success, demonstrating that all blood requested could be provided in the event of emergencies.



Reference Laboratories

In 1986, four laboratories were added to the 47 official AABB Reference Laboratories across the United States which provide exchange of information and consultation on rare blood group antibodies, typing, crossmatching, component preparation and therapy, blood compatibility testing and research.

They are:

1. American Red Cross Blood Services, Connecticut Region, Farmington, CT
2. Northwestern Memorial Hospital Blood Bank, Chicago, IL
3. Associated Regional and University Pathologists Inc., Salt Lake City, UT
4. American Red Cross Blood Services, Northwest Ohio Region, Toledo, OH

Throughout the year, the Reference Laboratories Committee continued to coordinate and supervise the direction of RARE, an exchange system developed through the AABB Reference Laboratory Conference for access to rare antisera on a mutual exchange basis. The Committee also formulated and developed proficiency tests to measure technical expertise and serological resources in the reference labs.

Rare Donor File

The AABB's Rare Donor File provides a current source of available rare blood types throughout the world. Listings are available on a no-fee, 24-hour basis to assist in locating compatible blood for patients. In calendar year 1986, the following activities were logged:

Units Shipped

Rare	181
Uncommon/Fully Phenotyped	239
TOTAL	420

Year-End Inventory (Rare Donors)

Units Frozen		Donors Registered	
Group 0	1548	Group 0	873
Other than 0	591	Other than 0	187
Total	2139	Total	1060

Units Frozen for Autologous Use

Group 0	145
Other Than 0	73
Total	218

Year-End Inventory (Uncommon and Fully Phenotyped Donors)

Numbers typed	14,798
Units Frozen	3414

Number of Member Blood Banks Who Participated in Supplying Blood

Blood Centers	20
Hospital Transfusion Services	7

The Rare Donor File Committee organized a serum exchange program to provide reagents for member blood banks who wished to screen samples to increase their lists of rare donors.

Parentage Testing

As of November 1, 1986, there are 42 AABB-accredited parentage testing laboratories. There are approximately 100 laboratories in the US doing this type of work. The Parentage Testing Committee, which oversees the parentage testing accreditation program, also reviewed and made minor revisions to the standards for parentage testing this year. It is actively monitoring the progress in the field of DNA polymorphisms.

The Parentage Specimen Program functions as an external proficiency testing mechanism, a source of unusual serum protein and/or red cell enzyme variants for use as control by laboratories using electrophoretic techniques, and provides paper problems or unusual case studies as a means of continuing education. Blood samples are sent to participating laboratories four times each year. There are 130 laboratories participating in the program.

Workload Recording

The Workload Recording Committee presented four regional basic workshops and both basic and advanced workshops at the Annual Meeting in San Francisco. During the past year, the Committee also completely revised the basic workshop and its accompanying manual. Time studies were performed by participating institutions, and the results were contributed to the annual revision of the College of American Pathologists' *Workload Recording Manual*.

With cooperation from the Histocompatibility Testing Committee, a thorough review and revision of values for HLA testing were completed.

Annual Questionnaire

AABB's annual questionnaire is an important means of obtaining data in transfusion medicine. The questionnaire, sent annually to all institutional members, was revised in 1986 to track the additional testing of blood units for viral markers, particularly human immunodeficiency virus (HIV) and non-A, non-B hepatitis.

The Association Questionnaire Committee added two new questions to the questionnaire to collect data in these areas as well as on cytomegalovirus and blood irradiation. Information about autologous transfusion and directed donation was also included. Supplementary questionnaires addressed pediatric hemotherapy and apheresis.

Group Purchasing Program

Organized and administered under the supervision of the Administrative Section Coordinating Committee, the AABB group purchasing program continued to expand in 1986, offering 21 contracts at discounted prices to participants.

Liability Insurance

The ASCC also contracted with Milliman and Robertson, an actuarial consulting firm, to review the current group professional liability insurance program and make recommendations regarding formation of a captive insurance program for blood collection facilities.

Salary Survey

A survey of average salaries of regional blood center employees was published in 1986, under the auspices of the Administrative Section.

Certification

The AABB, in conjunction with the American Society of Clinical Pathologists' Board of Registry, certified 207 specialists in blood banking technology (SBBs) and 134 technologists in blood banking (BBs) in 1986. The Certification Committee prepared and evaluated the exams. For the first year, the SBB exam did not include a laboratory practical.

A forum for SBB faculty was held at the 1986 Annual Meeting, designed to make faculty aware of new trends in SBB curricula and to establish mutual assistance networks. There are currently 44 accredited SBB programs. In 1986, nine site surveys were completed, and the facilities were recommended for accreditation.

The *Essentials*, the manual containing requirements for SBB programs, was revised by the Accreditation of SBB Schools Committee to include management, automated data processing and computer applications, and workload recording. Guidelines were also developed for SBB programs for part-time students.

STAR Program

Self Test and Review (STAR) is an educational program to allow individuals to assess their knowledge of various aspects of blood banking. Approximately 200 individuals and institutions subscribed to the program in 1986. Supplied quarterly, each problem booklet opens with a clinical scenario and provides background information. Each section that follows poses a question and provides options from which the test taker chooses an appropriate course of action. A special developer pen reveals the answers as you progress through the problem. Published



in 1986 were Transfusion Associated Hepatitis, Inventory Control, Management of Pathologic Cold Agglutinins, and The Multi-Transfused Patient.

Professional Self-Assessment

The Education Committee collaborated with the American Society of Clinical Pathologists to complete two professional self-assessment exams in 1986. Primarily directed to physicians, the self-assessment exams cover two subject areas and are available through ASCP.

Regional Education

The Regional Educational Alternatives Committee surveyed 87 state and regional associations and discovered several that were interested in providing AABB educational programs in conjunction with their annual meetings.

The Committee examined several types of alternative regional educational methods and prepared a plan for future efforts. It also presented a forum on Educational Alternatives at the 1986 Annual Meeting where 35 participants heard presentations on interactive videodisc, audiotapes, computer-assisted instruction, home study courses, videoconferences and teleconferences.

In addition, the Technical Scientific Workshops Committee produced 11 successful regional workshops on such topics as pretransfusion testing and safe transfusion.

Packaged Workshops

As an alternative to regional workshops, three Annual Meeting workshops were selected for preparation as packaged workshops to be available in 1987. This concept allows organizations and institutions to present, inexpensively, professional workshops using AABB materials.

First Teleconference Presented

The first AABB-sponsored teleconference, "The Current Status of HTLV-III Testing," was presented on July 30, 1986. With substantial support from the E. I. Du Pont de Nemours and Company, Inc., which produced the videotape, the teleconference attracted over 700 participants. The recorded teleconference was also presented to 125 individuals at the AABB Annual Meeting in San Francisco in the fall. In response to the overwhelming success of this venture, additional teleconferences were planned for 1987.

Donor Room Personnel

In a joint effort between the Nursing and Donor Room Personnel Committee and the Education Committee, a curriculum on blood banking for donor room personnel was developed, including the concepts of competency evaluation.

Donor Recruitment/Public Relations Conference

More than 150 persons attended a February conference on "Coping with AIDS and Donor Attitudes," to discuss the impact of AIDS on blood bank public relations and donor recruitment. Organized by the ASCC's Donor Recruitment and Public Relations subcommittee, the program presented information on the AABB's public opinion survey on AIDS and the blood supply as well as speakers on directed donations, frozen blood services, media coverage of AIDS and legal issues.



Competition Conference

The prospects of profound change, new challenges and a myriad of opportunities in blood banking and transfusion medicine are looming, and blood bankers should be responsive to the consumer and maintain an emphasis on quality. These were the messages delivered to participants in the AABB's national conference, "Competition in Blood Service," held June 26-27 in Chicago, IL. More than 250 persons attended the seminar to hear speakers address blood banking in a changing environment.

Economics, cost containment, legal issues, the market and pricing, quality and donor issues, new ways of doing business and patient concerns were some of the issues discussed. A book based on the proceedings of the conference will be published in mid-1987.

Annual Meeting and Exhibit Attendance

The 39th Annual Meeting, held November 2-7, 1986, in San Francisco, CA, was the most successful meeting ever for the AABB. It attracted 7412 registrants, the most to ever attend a blood banking meeting anywhere in the world. There were 580 foreign attendees. It also drew 137 companies to the largest exhibit ever, offering 284 technical exhibit booths and 29 educational booths.

Annual Meeting Educational Activities

Educational opportunities abounded at the 39th Annual Meeting with workshops, symposia, lectures and forums for nearly everyone working in blood banking and transfusion medicine. Twenty-five workshops were presented on such topics as Hemotherapy in Childhood and Adolescence, Recent Advances in Blood Group Biochemistry, Home Transfusion, Creative Techniques in Management and Adult Learning, New Frontiers in Blood Banking, Persuasive Presentations, AIDS, and Serological Methods in Forensic Science. Twelve new workshops were presented.

In addition, symposia were presented on technological advances in transfusion medicine and the "look-back" program to find individuals who may have received transfusions from individuals now at risk for AIDS. Forums were held for public relations directors, inventory management personnel, personal computer operators, directors of donor recruitment, SBB program faculty, international guests, alternative educators, directors and administrators of hospital blood banks and transfusion services, donor room personnel and donor recruiters, chief executive officers, nursing and donor room personnel, technical directors and hospital chief technologists.

Special sessions were also conducted for nurses on blood collection, therapeutic hemapheresis and autologous donations.

The Annual Seminar, entitled "Red Cell Antigens and Antibodies," featured Peter Issitt, FIMLS, FIBiol, MRCPath, speaking about "Some Messages Received from Blood Group Antibodies." Other topics included blood group active components of the cell membrane; associations of blood groups and malaria; red cell aging antigens; blood group monoclonal antibodies; tomorrow's transfusion service laboratory; computers in a red cell reference laboratory; and immunohematological problems in bone marrow transplantation.

Research and Progress sessions, designed to permit presentation and discussion of subjects considered to be controversial or new developments in an area, were expanded and drew over 1400 persons. In 1986, the topics included human monoclonal antibodies, prevention strategies for non-A, non-B hepatitis, human immunodeficiency virus, alloimmunization to blood antigens in neonatal and pediatric patients, transfusion education and behavior modification, directed donations, IV immune globulin: use and abuse and applications of cell culture in blood banking.

In the administrative area, programs on human resources management, marketing, selling, and problem solving were presented. "Moving Toward Excellence" with Robert Waterman, co-author of *In Search of Excellence*, was a special administrative presentation.

In addition to the educational programs, 256 scientific and administrative papers and oral presentations were an important feature of the meeting. There were 449 scientific abstracts submitted for the meeting, of which 158 were chosen by a 65-member peer review group. Eighty-eight administrative presentations and papers were selected by the Administrative Section Coordinating Committee, from 212 submitted.

As a result of the growth of the exhibit, the Exhibits

Committee has established an exhibitors advisory council to assist in successfully producing the Annual Exhibit.



Awards

A number of individuals were recognized at the 39th Annual Meeting:

Claes F. Högman, MD, The Karl Landsteiner Memorial Award, for his contributions to the improved preservation of red blood cells, more effective component preparation, advances in container design and application of computer science.

Grant R. Bartlett, MD, The Karl Landsteiner Memorial Award, for his basic contributions to the understanding of the purine metabolism of the red blood cells of many creatures, including man.

Richard H. Walker, MD, The John Elliott Memorial Award, for his contributions as a leader and teacher, particularly in parentage testing.

Carl W. Walter, MD, The Morten Grove-Rasmussen Award, for his development of better ways to collect blood, including the plastic blood bag and the closed system.

Jean P. Harris, RN, SBB(ASCP), The Ivor Dunsford Memorial Award, for her role as a pioneer in modern hospital blood transfusion services.

Peter D. Issitt, FIMLS, FIBiol, MRCPath, The Emily Cooley Memorial Award, for his important contributions to the body of knowledge on human blood groups and his outstanding talent as a teacher.

Dorothy Varni Child, The Outstanding Donor Recruiter Award, for her outstanding services as a volunteer donor recruiter.

Walter T. Watts, MT(ASCP), The Outstanding Administrator Award, for his special administrative talents and contributions.

Robert E. Klein, MD, The Distinguished Service Award, for his leadership of the National Committee on Inspection and Accreditation.

Joseph R. Bove, MD, The Distinguished Service Award, for leadership of the Association's Committee on Transfusion Transmitted Diseases.

The United Services Automobile Association, The Presidential Award, for promotion and support of voluntary blood donations in three or more AABB districts.

The following groups and individuals received the Award of Merit for significant contributions to blood banking on a local level:

The Gainesville Sun, Gainesville, FL, newspaper category;

Rhoda Adler, Park Forest, IL, individual category;

General Dynamics, Fort Worth Division, Fort Worth, TX, group category;

Madge Sinclair and KDKA-TV, Pittsburgh, PA, television category;

TV Talk, Gainesville, FL, other media category;

Southern Illinois University at Carbondale, IL, educational facility category;

KSHE-95 Radio, St. Louis, MO, radio category.

Scholarships were awarded to five specialist in blood bank technology students, with funds provided by Fenwal Laboratories. The recipients were Nancy Jo Geer, MS, MT(ASCP)SBB, Kevin B. Lawton, MT(ASCP)SBB, Linda A. Mondor, MT(ASCP)SBB, Carol J. Tweedy, MT(ASCP)SBB and Carol S. Zehner, MT(ASCP)SBB.

Elections

A new board of directors was elected at the 39th Annual Business Meeting. Taking the AABB helm as president was Edwin A. Steane, PhD, of Dallas, TX, who was named president elect in 1985. Elected as president elect, to take office in November, 1987, is Paul J. Schmidt, MD, Tampa, FL. Also elected were Laurence A. Sherman, MD, St. Louis, MO, as vice president; Toby L. Simon, MD, Albuquerque, NM, as secretary; and Donald D. Doddridge, St. Petersburg, FL, as treasurer.

Elected as district directors were Frances S. Chizeck, Bethlehem, PA, northeast district; Gene Erickson, Greenville, SC, southeast district; Louise J. Keating, MD, Cleveland, OH, re-elected for the north central district; Bobby A. Grigsby, CPA, Houston, TX, south central district; and Arthur Silvergleid, MD, Redlands, CA, for the pacific district. Alfred J. Grindon, MD, Atlanta, GA, was re-elected as Scientific Section representative to the Board by that group; and Jane Mackey, MBA, remained as Administrative Section representative.

Not subject to election this year were district directors Herbert Silver, MD, Hartford, CT, northeast district; Armand Glassman, MD, Charleston, SC, southeast district; Suzanne Butch, MT(ASCP)SBB, Ann Arbor, MI, north central district; Shannon Cooper, MD, New Orleans, LA, south central district; and Stephen J. Brown, MT(ASCP)SBB, Denver, CO, pacific district.

Finances

The Finance Committee approved a long-range financial plan and established a formal reserve for the acquisition of land and a building with initial funding at \$200,000. (Detailed financial statements are included in this report.)

Membership

The AABB membership grew in 1986 to reach its highest level ever. There are 2366 institutions, including 780 community and hospital blood banks, 1494 transfusion services, 71 associate institutional members and 21 international associate institutional members. There are 7636 individual members, including 1850 physicians, 5573 non-physicians, 53 residents, and 160 emeritus members.

Publications

The publications produced by the Association in 1986 varied not only in format, but in content as well. Transcripts from the conferences on *Legal Issues in Transfusion Medicine* and *Current Status of HTLV-III Testing* were published. The Self-Test and Review (STAR) subscription program books, and *Collected Questions and Answers* (from previously unpublished queries to *News Briefs*) added to the variety of publications for the year.

In addition, several books were produced for sessions at the 39th Annual Meeting on these and other topics: AIDS, ABH and Lewis, home transfusion, molecular genetics, blood group biochemistry, new technologies, blood administration and red cell antigens and antibodies. The Publications Committee, charged with reviewing proposals for AABB publications to determine need and suitability, developed standard operating procedures for such reviews, and many of the books which were published this year are a result of these procedures.

Blood Bank Week

Blood Bank Week is a weekly newsletter available by subscription that includes up-to-the-minute news about blood banking and transfusion medicine. In 1986, *Blood Bank Week* grew to over 1000 subscribers.





AIDS Public Information Program

With the death of movie star Rock Hudson from AIDS in mid-1985, unusually lengthy blood shortages continued throughout the fall into the usually tight holiday season. There was much discussion about connections between the fear of AIDS and the drop in blood donations, as well as perceptions that fear of transfusions was on the rise. To find out the true state of public opinion regarding AIDS and blood donation and transfusion, the AABB commissioned a nationwide public opinion poll in December, 1985. The poll, conducted by the private polling firm Hamilton & Staff, surveyed 1005 persons by telephone, asking a number of questions to ascertain opinions and attitudes.

The most surprising finding was that 34 percent of those questioned thought it was "likely" one could get AIDS by giving a blood donation, while 53 percent thought it "likely" one could get AIDS through a blood transfusion. Only 46 percent were aware that blood was tested for evidence of AIDS infection. However, on a more positive note, 85 percent had some or a lot of confidence in the ability of America's blood banks to recruit healthy donors, test blood for any diseases and handle blood properly to provide a safe blood supply for the country.

A major conclusion of the poll was that education was the key to influencing public opinion on difficult issues. As a result of those findings, AABB constructed a public education campaign to challenge fears about blood donation and transfusion. A press conference was held on January 9, 1986, to announce results of the poll and stress that AIDS cannot be contracted by donating blood. The press conference attracted widespread attention and coverage, reaching an estimated 18 million viewers, listeners and readers.

In addition to the press conference, the "Coping with AIDS" workshop for donor recruitment and public relations practitioners was scheduled, and the poll results and PR strategies were shared with attendees. Public service announcements for radio and television were made

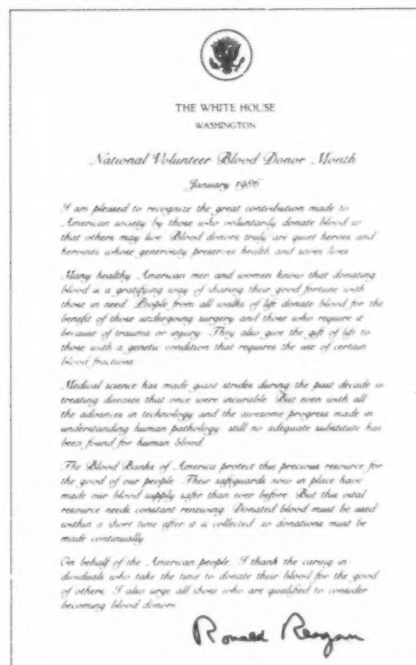
available to members, and a 10-minute video, entitled "Blood Banks in the Age of AIDS," was created for potential donors and the public. Brochures were written for donors, patients and physicians to inform them of steps taken to protect the blood supply.

In a follow-up poll taken in December, 1986, the percentage of those stating it was "likely" one could get AIDS from making a blood donation dropped nine points, which is considered statistically significant. This drop is credited to AABB's campaign, which brought the myth to the attention of the news media and other communicators such as Surgeon General C. Everett Koop and Secretary of Health and Human Services Otis Bowen, MD, who reiterated the message that giving blood is safe.

President Reagan also produced a public service announcement about donating blood, which was shared with AABB and other blood organizations.

National Volunteer Blood Donor Month

January, 1986, was designated as National Volunteer Blood Donor Month for the 16th year. President Reagan signed a proclamation and the AABB selected the theme "Blood Donors are Good for Life."



Legislative and Regulatory Assistance

AIDS issues continued to dominate the legislative and regulatory agenda, and AABB provided assistance and expertise as requested to various federal and legislative organizations seeking to grapple with such issues. AABB testified before the Maryland legislature helping to successfully enact stronger laws against strict liability. AABB members were represented on the Food and Drug Administration's Blood Products Advisory Committee, the National Heart, Lung and Blood Institute's Blood Diseases and Resources Advisory Committee and its ad hoc AIDS Working Group. AABB members were also represented at the National Institutes of Health consensus development conference, "The Impact of Routine HTLV-III Antibody Testing on Public Health," July 7-9.

International Relations

The blood bank twinning program, begun three years ago to match facilities in developing countries with established blood programs in the US for technical assistance and cooperation, now includes approximately 60 participants.

Erlo Roth, MD, chairman of AABB's International Relations Committee, participated in the first meeting of blood bankers from the American continent in Caracas under the sponsorship of the Pan American Health Organization for the purpose of improving the standards of blood banking in South American developing countries where the transmission of AIDS through blood products is a growing concern.

In addition, the Committee is developing a registry of blood banking institutions in the US willing to accept foreign immunohematologists for brief tutorials or training periods.

National Bone Marrow Donor Registry

The AABB, together with the Council of Community Blood Centers and the American Red Cross, received a \$3.4 million contract from the Office of Naval Research to develop a national registry of potential HLA-typed (human leukocyte antigen) volunteer bone marrow donors for possible use in transplantation. Criteria for eligibility of transplant services have been adopted and diseases eligible for treatment and the degree of histocompatibility required have been established.

Several bone marrow transplants were made possible by the AABB Bone Marrow Transplant Information Service, a program which matches facilities seeking HLA typed donors and blood centers with lists of such typed donors.

Histocompatibility Testing

In addition, the Histocompatibility Committee provided information for addition to the *Standards*, the *Accreditation Requirements Manual*, and the *Workload Recording Manual* about Human Leukocyte Antigen (HLA) testing.

Informed Consent

AABB became one of the first national organizations to promulgate recommendations on informed consent for transfusion recipients. Developed by the Transfusion Practices Committee, the policy on informed consent for blood transfusion was distributed to AABB members in July, 1986. The recommendations included the general elements of informed consent, methods of documentation and a sample consent form.

Transfusion Therapy

A paper on transfusion therapy for nurses was published in *Nursing '86* by the Transfusion Practices Committee. The article served as a guide to nurses and other health professionals for establishing proper transfusion practices and institutional policies.

A flip chart for nurses providing information about blood component therapy was completed for publication in 1987 by the Component Therapy Committee. The Committee also revised the *Blood Transfusion Therapy Physician's Handbook* and the blood component therapy data card.

The Pediatric Hemotherapy Committee began development of a data base on pediatric transfusion practice. The results of the analysis are being prepared for publication

in 1987. A subcommittee was formed to evaluate the potential side effects, risks and benefits of the use of ADSOL in simple red cells transfusions and exchange transfusions in the neonate.

Autologous Transfusion

Work began in 1986 to establish a National Autologous Blood Resource Center within the AABB. The Center would promote the use of autologous blood by improving physician and public education and by providing a consultation service to assist the medical community in establishing and using autologous blood services.

The Autologous Transfusion Committee also compiled an annotated bibliography and updated the informational packets on autologous transfusion as well as presenting an educational exhibit at AABB's Annual Meeting.

Home Transfusion Therapy

The Scientific Section authored a position paper on transfusion in the home for the journal *Transfusion*. The Transfusion Practices Committee developed standard operating procedures. The Component Therapy Committee developed a brochure for patients. A workshop and book on home transfusion for the 1986 Annual Meeting was also produced.



Molecular and Cellular Biotechnology

The Molecular and Cellular Biotechnology Committee created annotated bibliographies on the use of genetic engineering techniques, the diagnosis of transfusion transmitted viral disorders, the manufacture and use of monoclonal antibodies, the use of genetic engineering techniques in the study of inherited disorders, and applications of cell culture in blood banking.

Therapeutic Apheresis

Each year a detailed survey on therapeutic apheresis procedures is conducted and published in *News Briefs*. In 1986, the Hemapheresis Committee found that of 308 institutions responding, there were 83,068 procedures performed in 1984. The data were published in the January, 1986, issue of *News Briefs*.

Look-Back Initiative

On June 16, 1986, the AABB issued a directive to its members concerning the "look-back" program to trace previous donations by individuals now testing positive for the antibody to HTLV-III. "Look-back" was initiated by the Transfusion Transmitted Diseases Committee with input from other organizations, including the American Hospital Association and the American Medical Association. This enormous public health undertaking involved tracing the previous donations from implicated individuals through blood center and hospital records to the patient who received the units, notifying the patient's physician who was to notify the patient and encourage testing. Included in the AABB directive were implementing guidelines, a joint statement in support of the program from the blood banking organizations, and a package of model letters and forms.

Later in the year, AABB surveyed a subset of its members to ascertain progress with the "look-back" program. By September, 1986, it appeared that approximately half of the specific cases had been traced. It was discovered that among the surviving patients who were located who had received potentially contaminated units, approximately half were infected.

"Look-back" was an unprecedented major effort by the AABB and an important contribution to efforts to measure the spread of the AIDS virus.

Screening Blood Donors

In July, 1986, AABB advised its members to adhere to "strict donor screening standards," and to "analyze and review every facet of their donor screening and history procedures to determine if they are providing the maximum opportunity for the donor to be truthful about his/her medical history."

The new recommended procedures included personal and private interviews with each donor and requests that donors sign a statement indicating they are not at increased risk for transmitting infection. The notice also recommended a procedure by which donors can privately and confidentially designate that their donation be used for "purposes other than transfusion." The procedures were recommended after reports from the Centers for Disease Control indicated that a blood donor transmitted AIDS infection despite a negative HTLV-III antibody test because he had been recently infected and antibodies were not detectable.

Surrogate Testing for Non-A, Non-B Hepatitis

One of the most frequently discussed issues in 1986 was the AABB's decision to institute two surrogate tests for non-A, non-B hepatitis. The alanine amino transferase (ALT) test and the antibody to hepatitis B core antigen test (anti-HBc) had been recommended by the FDA Blood and Blood Products Advisory Committee. According to a National Institutes of Health study, published in early 1986 in the *Annals of Internal Medicine*, when both tests are used to screen blood donations, a significant percentage of posttransfusion non-A, non-B hepatitis could be prevented.

In March, the AABB Board of Directors issued a statement that it was discussing the use of surrogate testing. The Transfusion Transmitted Diseases Committee formulated recommendations which were issued on



August 15 to all AABB member institutions. They required that both tests be implemented by November 30, 1986 for AABB accreditation. The steps were announced in a press conference on August 26 by AABB President Eugene Berkman, MD. In November, it was determined to postpone implementation of anti-HBc testing until after a January, 1987, FDA workshop on surrogate testing. After that time, it was determined to make anti-HBc testing mandatory for accreditation as of June 1, 1987.

Foundation

Research grants totalling over \$35,000 were awarded to five blood banking and transfusion medicine researchers in 1986. Awarded were grants for:

- The Molecular Biology of the Human A Blood Group Glycosyl-Transferases, John B. Lowe, MD, assistant professor of pathology and medicine, Division of Laboratory Medicine, Washington University Medical School, St. Louis, MO.
- Inhibition of Interleukin-2 Stimulated Lymphokine-Activated Killer Cells in Cyclosporin A, David Scrivner, MD, associated medical director, Missouri/Illinois Regional Red Cross Blood Center, St. Louis, MO.
- Correlation of Non-Invasive Assessment of Platelet Morphology with Platelet Recovery and Survival, Paul D. Mintz, MD, associate professor of pathology, University of Virginia Medical Center, Charlottesville, VA.
- Analysis of Changes in Platelet Proteins During Storage, Edward L. Snyder, MD, associate professor of laboratory medicine, Yale University Medical School, New Haven, CT.
- Transmembrane Skeletal Associations of the Rh Antigens, Edward J. Victoria, PhD, associate research biochemist, School of Medicine, University of California, San Diego, CA.

The Foundation began plans to conduct a major fundraising campaign.

1985-1986 Board of Directors



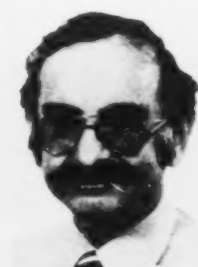
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AD HOC COMMITTEES OF THE BOARD

Ad Hoc Committee to Coordinate Legislative and Governmental Affairs

Purpose: Monitor the relationship of AABB to governmental agencies.
Grace M. Neitzer, MT (ASCP) SBB, chairman
Robert E. Albee II
Stephen J. Brown, MT (ASCP) SBB
Donald D. Doddridge
Paul J. Schmidt, MD

Ad Hoc Committee on Frozen Autologous Storage

Purpose: To monitor the use of frozen storage of autologous blood for future use when those services are being offered only to those who are willing to pay.
Herbert Silver, MD, chairman
Alfred J. Grindon, MD
Grace M. Neitzer, MT (ASCP) SBB

PLANNING COUNCIL

Purpose: To serve as the focal point for the Association efforts to make short and long range plans and initiate actions which enhance its ability to respond positively to change and new opportunities.
Edwin A. Steane, PhD, chairman
Eugene M. Berkman, MD
Gilbert M. Clark, JD
Donald D. Doddridge
Grace M. Neitzer, MT (ASCP) SBB
Herbert Silver, MD

ADMINISTRATIVE COUNCIL

Committee on Association Questionnaires

Purpose: To assure that an appropriate annual questionnaire is submitted to and completed by Institutional members of the Association, and that questionnaire information deemed appropriate by the Board is made available to the membership. To assure that any additional questionnaires submitted to the membership are appropriate.
Toby L. Simon, MD, chairman
Patricia Devine, MD
Margaret Hanson, MT (ASCP) SBB
Michelle D. Inkster, FIMLS
Page D. Sanchez, MHS, MT (ASCP) SBB
Consultant:
Herbert F. Polesky, MD

Committee on Blood Bank Workload Recording

Purpose: To develop and maintain a current, comprehensive library of workload recording values for blood banks and transfusion services and to define a workload recording system that will be compatible with the College of American Pathologists system.
Harold S. Kaplan, MD, chairman
John Giandelone, MBA, MT (ASCP) SBB
William E. Kline, MS, MT (ASCP) SBB
Mark S. Lifshitz, MD
Louisa Y. Ni
Dennis Raettig, MT (ASCP) SBB
H. Neal Smith, Jr., BA (ASCP) SBB

Committee on National Blood Exchange

Purpose: On behalf of the Association, make policy for the National Blood Exchange and provide assistance to the National Office to insure effective and responsible service to the National Blood Exchange participants.
Edward O. Carr, MT (ASCP) SBB, chairman
William E. Bristow, MT (ASCP)
Michael C. Couch
Harvey P. Einhorn, MD
Eugene S. Forrester
Jane Mackey
Jayne M. Myers
Sharon C. Perkins
Irene E. Roeckel, MD
Mary Lou Vedo, MT (ASCP) SBB
Liaisons:
James B. Hubbard, American Blood Commission
Hayle B. Randolph, MT (ASCP), Council of Community Blood Centers

Committee on Computer Systems and Applications

Purpose: To advise Association members and industries regarding computer systems and applications that relate to blood bank issues (i.e. donors, patients, management and education).
Byron A. Myhre, MD, PhD, chairman
W.H. Churchill, MD
Fred Dettmer
Donald M. Elliott, MS, MT (ASCP) SBB
Glenn S. Hooper, MD
Annie Laurie Samuels
Joel M. Solomon, PhD

Committee on Nursing and Donor Room Personnel

Purpose: To foster the involvement of nursing and donor room personnel in the AABB and to provide expertise concerning the responsibilities of nursing and donor room personnel in allied sciences that pertain to blood banking.
Evelyn Bizjak, RN, chairman
Martha N. Braddock, RN
Nancy J. Gianino, RN
Dennis G. Hendren, MT (ASCP) SBB
Christina A. Kasprisin, MS, RN
Antoinette Linville, RN
Eudora R. McMillan, RN
Danna Sorenson, RN
Del Steckler, RN

Committee on Rare Donor File

Purpose: To maintain a file of donors with rare blood.
Peter D. Issitt, FIMLS, FIBiol, MRCPath, chairman
Jacquelyn Frederick, MT (ASCP) SBB
Charles E. Huggins, MD
William E. Kline, MS, MT (ASCP) SBB
Delores M. Mallory, MT (ASCP) SBB
Judy A. Tessel, MT (ASCP) SBB
Ex-Officio Members:
John Moulds, MT (ASCP) SBB
Kathleen J. Skradski, MT (ASCP) SBB

Committee on Reference Laboratories

Purpose: To develop and maintain criteria for accrediting laboratories to which blood banking problems can be referred for consultation.
John Moulds, MT (ASCP) SBB, chairman
Linda Issitt, MT (ASCP) SBB
Delores M. Mallory, MT (ASCP) SBB
Ethel Patten, MD
Herbert A. Perkins, MD
W. Michael Tregells, MT (ASCP) SBB
Deborah L. Weiland, MS, MT (ASCP) SBB
Susan Wilkinson, MT (ASCP) SBB
Ex-Officio Member:
Peter D. Issitt, FIMLS, FIBiol, MRCPath

Ad Hoc Committee on Elections

Purpose: To ensure that elections at the Annual Business Meeting are conducted in accordance with Association policies.
Edwin F. Smith, chairman
Malcolm L. Beck, FIMLS, MIBiol
Donald T. Dougherty
Paul Ness, MD
Walter T. Watts, MT (ASCP)

Committee on 50/40

Purpose: To formulate a plan which recognizes the 40th Anniversary of AABB and the 50th Anniversary of blood banking.
Paul J. Schmidt, MD, chairman
Tibor J. Greenwalt, MD
L. Ruth Guy, PhD
Bernice M. Hemphill
Aaron M. Josephson, MD
Joel M. Solomon, PhD
Consultant:
Charles W. Chase

EDUCATIONAL COUNCIL

Committee on Accreditation of SBB Schools

Purpose: To serve as a joint review board in collaboration with CAHEA for the accreditation of educational programs for Specialists in Blood Bank Technology.
Louise J. Keating, MD, chairman
Theresa D. Anderson, MT (ASCP) SBB
Andrea J. Casper, MT (ASCP) SBB
Melanie S. Kennedy, MD
Pamela J. Troyer, MT (ASCP) SBB
Joberta Wells, MT (ASCP) SBB
Laura Lee Woods, MT (ASCP) SBB

Committee on Certification (SBB/BB)

Purpose: To serve as an AABB BoR Committee for BoR examinations in blood banking. To serve as an advisory group to the Board of Directors of the AABB on all matters pertaining to certification of blood bank technologists.
Janice H. Parrish, MEd, MT (ASCP), chairman
Peggy J. Brown, PhD, MT (ASCP) SBB
Sandra Carter
Sandra S. Ellisor, MS, MT (ASCP) SBB
David E. Jenkins, Jr., MD
Paul Ness, MD
Board of Registry Appointees:
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Susan Wilkinson, MT (ASCP) SBB
Consultants, Board of Registry:
Marjory Stroup, MT (ASCP) SBB
Fay Weirich, MT (ASCP) SBB
Board of Registry Representative:
Margaret A. Helgeson, MS, MT (ASCP) SBB

Committee on Education

Purpose: To coordinate the programmatic educational activities of the Association and to serve as a means of communication between Association members active in the field of education. To provide specific information on educational topics as requested.
C.R. Macpherson, MD, chairman
Patricia A. Beckjord, MT (ASCP) SBB
Katherine B. Carlson, MT (ASCP) SBB
Estre Culotta, MHS, MT (ASCP) SBB
Richard J. Davey, MD
Richard S. Eisenstaedt, MD
Patricia L. Prewitt, MT (ASCP) SBB
Janet Kay Wilson, MT (ASCP) SBB
Liaisons:
Louise J. Keating, MD, Committee on Accreditation of SBB Schools
Janice H. Parrish, MEd, MT (ASCP), Committee on Certification (SBB/BB)
Margaret A. Helgeson, MS, MT (ASCP) SBB, Board of Registry, ASCP
Joberta Wells, MT (ASCP) SBB, CAHEA, AMA

Committee on Inspection and Accreditation

Purpose: To implement the Association's Inspection and Accreditation Program throughout the world.

Robert E. Klein, MD, chairman
Randi V. Rosvoll, MD, vice-chairman
Area Chairmen:
J. Robert Beck, MD
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Leonard I. Borat, MD
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Mabel M. Stevenson, MD
Harry L. Taylor, MD
Edward Tueller, MD
Margaret Waid, MD
Consultant:
Margaret E. Wallace, MHS,
MT (ASCP) SBB
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Histocompatibility Testing
Paul V. Holland, MD, Committee on
Standards
Frances K. Widmann, MD, Committee on
Technical Manual
P. Ann Hoppe, MT (ASCP) SBB, Office of
Biologics, FDA
Hans J. Peters, MD, College of American
Pathologists
LTC Anthony J. Polk, Department of
Defense
Stanley Edinger, PhD, Health Care
Financing Administration

Committee on Regional Educational Alternatives

Purpose: Develop a comprehensive continuing education program which can be implemented on a regional basis.

Melanie Kennedy, MD, chairman
Suzanne H. Butch, MT (ASCP) SBB
Ronald O. Gilcher, MD, FACP
Trudell S. Green, MT (ASCP) SBB
K.R. Gregory
JoAnn Moulds, MT (ASCP) SBB

Committee on Self Testing and Review

Purpose: To implement proficiency survey programs for blood banking professionals.

Margaret Hanson, MT (ASCP) SBB,
chairman
Christine Barrasso, MT (ASCP) SBB
Sue Berry-Dortch, MT (ASCP) SBB
Paul W. Holley, MD
Carol J. Schmitt, MT (ASCP) SBB
Joycelyn Schowalter, MED,
MT (ASCP) SBB
Leslie E. Silberstein, MD

Committee on Standards

Purpose: To develop and biannually publish minimal standards for relevant aspects of blood bank practices.

Paul V. Holland, MD, chairman
Jean Case, FIMLS
George Garratty, PhD, FIMLS, MRCPath
Dennis Goldfinger, MD
Harold S. Kaplan, MD
Klaus Mayer, MD
John D. Milam, MD
Jacob Nusbacher, MD
Margie B. Peschel, MD
William C. Sherwood, MD
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Richard H. Walker, MD
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MT (ASCP) SBB
Charles H. Wallas, MD
Frances K. Widmann, MD
Liaisons:
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Inspection & Accreditation
Kenneth J. Fawcett, MD, Committee on
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Red Cross
P. Ann Hoppe, MT (ASCP) SBB, Office of
Biologics, FDA
Hans J. Peters, MD, College of American
Pathologists
LTC Anthony J. Polk, Department of
Defense

Committee on Technical Manual

Purpose: To prepare a *Technical Manual* that will provide practical guidance concerning methods and techniques that implement the Standards.

Frances K. Widmann, MD, chairman
Michelle D. Inkster, FIMLS
W. John Judd, FIMLS, MIBiol
Edward L. Snyder, MD
Liaisons:
P. Ann Hoppe, MT (ASCP) SBB, Office of
Biologics, FDA
LTC Anthony J. Polk, Department of
Defense

Committee on Technical/Scientific Workshops

Purpose: To provide overall planning and coordination of the Association's technical workshops.

Arthur J. Silvergleid, MD, chairman
Katherine B. Carlson, MT (ASCP) SBB
Morris R. Dixon, MT (ASCP) SBB
Sandra S. Ellisor, MS, MT (ASCP) SBB
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Sam J. Insalaco, MD
Christina A. Kasprisin, MS, RN
Leo J. McCarthy, MD
Jay E. Menitove, MD
JoAnn M. Moulds, MT (ASCP) SBB
Steven R. Pierce, SBB (ASCP)
Alice Reynolds, SBB (ASCP)
Dennis M. Smith, Jr., MD
Stephanie Summers, MED,
MT (ASCP) SBB
W. Michael Tregellas, MT (ASCP) SBB
Virginia Vengelen-Tyler, MBA,
MT (ASCP) SBB
Margaret E. Wallace, MHS,
MT (ASCP) SBB
Robert G. Westphal, MD
Liaison:
C.R. Macpherson, MD, Committee on
Education

Ad Hoc Committee to Review the Circular of Information

Purpose: To review the *Circular of Information* and make changes when appropriate. This activity should be coordinated with the American Red Cross, Council of Community Blood Centers and Food and Drug Administration.
Herbert F. Polesky, MD, chairman
Paul V. Holland, MD
Paul D. Mintz, MD
Edward L. Snyder, MD

Ad Hoc Committee on the Journal Transfusion

Purpose: Act as a search committee for an editor of *Transfusion* for the 1987 and subsequent issues of *Transfusion*.
Alfred J. Grindon, MD, chairman
Marie Crookston, BSc
Marjory Stroup, MT (ASCP) SBB
Frances K. Widmann, MD
Consultant:
Tibor J. Greenwalt, MD

Ad Hoc Committee on the Technical Manual

Purpose: To discuss the format and content of the AABT *Technical Manual*.
Edwin A. Steane, PhD, chairman
Malcolm L. Beck, FIMLS, MIBiol
Paul V. Holland, MD
Paul D. Mintz, MD
Edward L. Snyder, MD
Frances K. Widmann, MD

Ad Hoc Committee on Computerized Immunohematology Knowledge Base

Purpose: To review the use of computers as a means of establishing a computerized immunohematology knowledge base.
C.R. Macpherson, MD, chairman
Suzanne H. Butch, MT (ASCP) SBB
Richard S. Eisenstaedt, MD
Joel M. Solomon, PhD

ORGANIZATIONAL COUNCIL

Committee on Annual Meeting Seminar

Purpose: To plan and organize the Annual Meeting Seminar.
George Garratty, PhD, FIMLS, MRCPath,
chairman
Barbara McKeever, MS, MT (ASCP) SBB
S. Breannan Moore, MD
Paul Ness, MD
Marjory Stroup, MT (ASCP) SBB
M. Jane Wilson, MBA, MT (ASCP) SBB
Liaison:
Gail A. Rock, MD, PhD, Committee on
Scientific Program

Committee on Awards

Purpose: To make recommendations to the AABT Board regarding certain named awards.
The composition of this committee is confidential.

Committee on Bylaws

Purpose: To examine proposed Bylaws changes to assure that they conform to the current needs and direction of the Association.
Glenn S. Hooper, MD, chairman
Richard S. Kolecki, MD
Betty Lou Marnette, MT (ASCP) SBB
Edwin F. Smith

Committee on Ethics

Purpose: To offer peer review concerning issues related to the ethics of blood banking practice.
Betty Lou Marnette, MT (ASCP) SBB,
chairman
Dale R. Malloy, DPA, MT (ASCP) SBB
Ernesto M. Obregon, MA, MT (ASCP) SBB
John A. Shively, MD
Jack Smythe

Committee on Exhibits

Purpose: To provide, through exhibits at the Annual Meeting, information on tests, materials, and devices designed to serve the needs of donors and patients; to offer a forum in which commercial organizations can present available items; to provide a forum for educational exhibits; and to ensure that exhibitors conform to the policies of the Health Care Exhibitors Association.
William E. Bristow, MT (ASCP), chairman
Kathleen O. Chadwick, MT (ASCP) SBB
Eugene S. Forrester
Lawrence L. Moore
John E. Mullenwey

Committee on Finance

Purpose: To advise the Board concerning AABT fiscal policies and status.
Robert E. Albee, II, chairman
Carol A. Bell, MD
Donald D. Doddridge
Bobby A. Grigsby, CPA
Glenn S. Hooper, MD
Ex-Officio Member:
Laurence A. Sherman, MD
Consultant:
James E. Way

Committee on International Relations

Purpose: To foster the AABT's relationships with foreign blood banking associations and to encourage friendships between individual American and foreign members.
Erla Roth, MD, chairman
Bernice M. Hemphill
Douglas W. Huestis, MD
Angelyn A. Konugres, PhD
Benjamin Lichtiger, MD
Takashi Okuno, MD
Roanne C. Rutman, RN
Maria T. Torres, MT (ASCP) SBB
Consultant:
Michael H.K. Irwin, MD

Committee on Membership

Purpose: To advise the Board regarding membership recruitment and applications.
Col. Gary B. Clark, MD, USA, MC,
chairman
Nickol P. Gillum, MT (ASCP), MBA
Raegene King, RN
Mary A. Myers, MT (ASCP) SBB
Hayle B. Randolph, MT (ASCP)
Judi A. Sherwin, MT (ASCP) SBB
Margaret E. Wallace, MHS,
MT (ASCP) SBB

Committee on Scientific Program

Purpose: To plan meaningful scientific communications and lectures for the Annual Meeting.
Gail A. Rock, MD, PhD, chairman
Emanuel Hackel, PhD
Parviz Lalezari, MD
Jay E. Menitove, MD
Ronald G. Strauss, MD
Joel Umlas, MD
Liaisons:
George Garratty, PhD, FIMLS, MRCPath,
Committee on Annual Meeting
Seminar
Herbert F. Polesky, MD, Committee on
Selection of Abstracts

Committee on Selection of Abstracts

Purpose: To conduct the process of evaluation and selection of technical/scientific abstracts for presentation at the Annual Meeting.

Herbert F. Polesky, MD, chairman
Armand B. Glassman, MD
Thomas A. Lane, MD
Lawrence D. Petz, MD
Fred V. Plapp, MD, PhD
Mary Ann Tourault, MT (ASCP) SBB
Liaison:
Gail A. Rock, MD, PhD, Committee on Scientific Program

Ad Hoc Annual Meeting Advisory Committee

Purpose: To serve as an advisory forum to the director of meeting services on the coordination of various programs presented at the Annual Meeting.
Grace M. Neitzer, MT (ASCP) SBB, chairman

Julie A. Beck, MT (ASCP) SBB
William E. Bristow, MT (ASCP)
George Garratty, PhD, FIMLS, MRCPath
Herbert F. Polesky, MD
Gail A. Rock, MD, PhD
Paul J. Schmidt, MD
Judi A. Sherwin, MT (ASCP) SBB
Arthur J. Silvergleid, MD

SCIENTIFIC COUNCIL

Committee on Autologous Transfusion

Purpose: To provide expertise concerning preoperative and intraoperative autologous transfusion practices. To recommend appropriate performance standards, and to provide education concerning their uses.

Robert L. Thurer, MD, chairman
Steven H. Kleinman, MD
Gordon E. Lang, MD
Roland E. Lonser, MD
Mark A. Popovsky, MD
Henry M. Steady, MD
Linda C. Stehling, MD
David H. Yawn, MD

Committee on Component Therapy

Purpose: To promote the appropriate transfusion of blood components and to provide education concerning their preparation, use and effectiveness.

Edward L. Snyder, MD, chairman
Neil Blumberg, MD
E. Shannon Cooper, MD
Jay E. Menitove, MD
Patricia T. Pisciotto, MD
Stanley C. Roberts, SBB (ASCP)
Toby L. Simon, MD
Linda C. Stehling, MD
Consultant:
Elizabeth W. McVan, RN

Committee on Hemapheresis

Purpose: To serve as a source of expertise for AABB programs that relate to cytopheresis, plasmapheresis and therapeutic apheresis.

Edwin G. Taft, MD, chairman
Freydoon Athari, MD
Estre Culotta, MHS, MT (ASCP) SBB
Nancy J. Gianino, RN, BSN
Jerome L. Gottschall, MD
Duke O. Kasprisin, MD
Harvey G. Klein, MD
Christine A. Pinnetti, RN
Ronald G. Strauss, MD

Committee on Histocompatibility Testing

Purpose: To serve as a source of expertise concerning organ transplantation and tissue typing.

Kenneth J. Fawcett, MD, chairman
Herbert A. Perkins, MD
Nancy Jo Peterson, MT (ASCP) SBB
Shirley Jo Qualia, MT (ASCP) SBB
Ann Rearden, MD
Irena J. Sniecinski, MD
Gary Troup, MD
Consultants:
Martin Davey, MD
Emanuel Hackel, PhD
Liaisons:
Chester M. Zmijewski, PhD, American Society for Histocompatibility and Immunogenetics
Richard H. Walker, MD, College of American Pathologists

Committee on Molecular and Cellular Biotechnology

Purpose: To serve as a resource committee for the Board to ensure that new technology is reviewed and evaluated and to suggest appropriate active roles for the Association in disseminating information about the new technology to the profession, and the proper timing for implementation in transfusion services and blood centers. To continually monitor research and commercial efforts to ensure that all relevant approaches are scrutinized.

Larry C. Lasky, MD, chairman
Emanuel Hackel, PhD
Joanna M. Heal, MD
J. Brooks Jackson, MD
Serafeim P. Masouredis, MD, PhD
Ex-Officio:
Charles H. Wallas, MD

Committee on Parentage Testing

Purpose: To provide a source of expertise in matters related to parentage testing.

Myrna I. Traver, MD, chairman
Fred H. Allen, Jr., MD
Margaret A. Brooks
Leslie Ray Bryant, Jr., MD
Dale D. Dykes
Henry Gershowitz, PhD
Jerome L. Gottschall, MD
Mark D. Kolins, MD
Jeffrey W. Morris, MD
Beverly A. Pohl, MT (ASCP) SBB
Emily G. Reisner, PhD
Herbert Silver, MD
Richard H. Walker, MD
Consultants:
Rene J. Duquesnoy, PhD
Herbert F. Polesky, MD
Liaisons:
Michael E. Barber, American Bar Association
Marilyn S. Pollack, PhD, American Society of Histocompatibility and Immunogenetics

Committee on Pediatric Hemotherapy

Purpose: To foster a knowledge and understanding of blood transfusion therapy in neonates and children.

Ronald A. Sacher, MD, chairman
Asa Barnes, MD
Suzanne H. Butch, MT (ASCP) SBB
Sherwin V. Key, MD
Naomi L.C. Luban, MD
Ann McMican, MT (ASCP) SBB
Kenneth A. Starling, MD
Ronald G. Strauss, MD
Liaison:
Alvin M. Mauer, MD, American Academy of Pediatrics



Committee on Publications

Purpose: To determine the need and suitability of proposed publications and also serve to smooth the publication of approved manuscripts.

Stephanie Summers, MEd,
MT (ASCP) SBB, chairman
Frances S. Chizeck
Steven R. Pierce, SBB (ASCP)
Joel Umlas, MD

Committee on Transfusion Practices

Purpose: To develop guidelines on transfusion practice for hospital transfusion services.

Paul D. Mintz, MD, chairman
James J. Bergin, MD
Marilyn F.M. Johnston, MD
Harvey G. Klein, MD
Margot S. Kruskall, MD
Jacqueline D. Miller, MD
Roanne C. Rutman, RN
Leslie E. Silberstein, MD
Liaison:
Linda C. Stehling, MD, American Society of Anesthesiologists

Committee on Transfusion Transmitted Diseases

Purpose: To provide consultation, as needed, on all facets of transfusion-related diseases and related laboratory tests.

Joseph R. Bove, MD, chairman
Alfred J. Grindon, MD
Paul V. Holland, MD
Harold A. Oberman, MD
Consultants:
George Grady, MD
James Shorey, MD
Richard Wasserman, MD
Liaisons:
S. Gerald Sandler, MD, American Red Cross
Jay E. Menitove, MD, Council of Community Blood Centers

Ad Hoc Committee on Bone Marrow Registry and Transplantation

Purpose: Represent the interests of AABB to develop standards for bone marrow procurement and transplantation.

Herbert A. Perkins, MD, chairman
Kenneth J. Fawcett, MD
J. Jeffrey McCullough, MD
Harold T. Meryman, MD

ADMINISTRATIVE SECTION COORDINATING COMMITTEE

Purpose: To enhance the professionalism associated with blood banking administration and to provide a voice on the AABB Board of Directors, through an elected representative. To conduct studies and administrative programs, and provide services that further the best interests of the Association.

Jane Mackey, chairman
Bobby A. Grigsby, CPA, vice chairman
District I—Northeast:
Frances S. Chizeck
Judi A. Sherwin, MT (ASCP) SBB
Robert Travis, MT (ASCP) SBB
Barbara Zimmerman, MT (ASCP) SBB
District II—Southeast:
Gene A. Erickson
Eugene S. Forrester
Ronald G. Wilkins
Lawrence F. Huelsman, Jr.
District III—North Central:
William M. Coenen
Earl Walz
Suzanne Wilson
District IV—South Central:
Julie A. Beck, MT (ASCP) SBB
John Drury
Bobby A. Grigsby, CPA
Page D. Sanchez, MHS, MT (ASCP) SBB
District V—Pacific:
Brian P. McDonough
H.J. Olmstead, BBA
Hayle B. Randolph, MT (ASCP)
Representative from SSCC:
W. John Judd, FIMLS, MIBiol

SCIENTIFIC SECTION COORDINATING COMMITTEE

Purpose: To represent the interests of individual members of the AABB who are concerned about the scientific and technical aspects of blood banking, and to advise the Board on matters relevant to the scientific-technical activities of the Association.

Alfred J. Grindon, MD, chairman
W. John Judd, FIMLS, MIBiol, vice chairman
Cynthia Murray, MT (ASCP) SBB, secretary
Harvey J. Alter, MD
Malcolm L. Beck, FIMLS, MIBiol
Jerry Kolins, MD
Naomi L.C. Luban, MD
Delores M. Mallory, MT (ASCP) SBB
Paul Ness, MD
Susan D. Rolih, MS, MT (ASCP) SBB
Edward L. Snyder, MD
Marjory Stroup, MT (ASCP) SBB
W. Michael Tregellas, MT (ASCP) SBB
Charles H. Wallas, MD
Linda C. Winn, MA, MT (ASCP) SBB
Representative from ASCC:
Jane Mackey

District Advisory Group

Northeast:

Neil Blumberg, MD
Ritchard G. Cable, MD
Enold H. Dahlquist, Jr., MD
Joyce Elaine Davis
Kenneth N. Edwards
Avrum H. Golub, MD
Brian Gross, MT (ASCP) SBB
Richard S. Kolecki, MD
Ramon N. Kranwinkel, MD
Sanford R. Kurtz, MD
Dorothy C. Malamut, MT (ASCP) SBB
Robert Reiss, MD
Robert G. Westphal, MD

Southeast:

Kaye S. Acton, MT (ASCP) SBB
Edward O. Carr, MT (ASCP) SBB
Jim Cundall
Dan H. Curtis, MT (ASCP) SBB
Monica Edwards, MT (ASCP) SBB
Dorothy Floyd, MT (ASCP) SBB
Sarah A. Hixon, MT (ASCP) SBB
John Hilsenbeck, MD
Dale R. Malloy, DPA, MT (ASCP) SBB
Margaret A. Martin
Eugenia F. Petteway, MT (ASCP) SBB
Eugene E. Roberts, MT (ASCP) SBB
Peter A. Tomasulo, MD
Charles H. Wallas, MD
Ronald G. Wilkins

North Central:

Barbara Barnes, MT (ASCP) SBB
Sue Berry-Dortch, MT (ASCP) SBB
Jacquelyn Frederick, MT (ASCP) SBB
William J. Hunter, MD
Melanie S. Kennedy, MD
Don Meyer, MT (ASCP) SBB
S. Breannan Moore, MD
Cynthia Murray, MT (ASCP) SBB
Irene E. Roeckel, MD
Beckie Stocker, MT (ASCP) SBB
Frances L. Tuscany, MT (ASCP) SBB
Phyllis Unger, MT (ASCP) SBB
Larry Weldy, MT (ASCP) SBB

South Central:

Linda Belcher, MT (ASCP) SBB
Daniel B. Brubaker, DO
Kathleen O. Chadwick, MT (ASCP) SBB
Christopher D. Coffin, MT (ASCP) SBB
Estre Culotta, MHS, MT (ASCP) SBB
Morris R. Dixon, MT (ASCP) SBB
Gene Ewing, MD
Ronnie J. Garner, MD
Melanie H. Gidden, MHS, MT (ASCP) SBB
Trudell S. Green, MT (ASCP) SBB
William Heller, MT (ASCP) SBB
Patricia Lee, MT (ASCP) SBB
Byrdie E. McSwain, MT (ASCP) SBB
John D. Milam, MD
Francis S. Morrison, MD
Ethel Patten, MD
Bill T. Teague, MT (ASCP) SBB

Pacific:

Asa Barnes, MD
Robert G. Chapman, MD
Jean Coach
Patricia Coleman, MT (ASCP) SBB
George Garratty, PhD, FIMLS, MRCPath
Frances L. Gibbs, MT (ASCP) SBB
William D. Hill, MD
Paul W. Holley, MD
Sam J. Insalaco, MD
Marilyn Martin, MT (ASCP) SBB
Libby Neuhauser, MT (ASCP) SBB
Linda Peterson, RN
Laura Rockwell, MT (ASCP) SBB
Patricia Sepulveda, MT (ASCP) SBB
H. Neal Smith, Jr., BA, (ASCP) BB
Judith A. Young, MA, MT (ASCP) SBB

National Office Staff

Executive Office

Gilbert M. Clark, JD, Executive Director
Joan Smith, Executive Secretary

Administration and Finance

David Rollison, Associate Executive Director
Darrell Pickett, Controller
Betty May, Senior Accountant, Analyst
Bichthu Nguyen, Operations Accountant
Telita Butler, Accounts Payable Clerk
Nicole Porter, Director, Personnel and Office Services
Pat Stubbs, Receptionist, Secretary
Richard Klimkiewicz, Manager, Office Support
Peter Kehoe, Director, Member Services and Data Systems
Christine Saul, Manager, Customer Service
Loretta Brown, Records Coordinator
Debra Williams, Sales Coordinator
Elizabeth Canas, Inventory Controller
Frank Berry, Shipping Clerk
Barbara Young, Director, National Blood Exchange
Connie Mitchell, Representative, National Blood Exchange
Carol Wilson, Representative, National Blood Exchange
Deborah McKillip, Representative, National Blood Exchange
Barbara Johnson, Representative, National Blood Exchange
Cecilia Agama, Data Entry Clerk, National Blood Exchange
Sally Guinto, Data Entry Clerk, National Blood Exchange

Programs

Jo Ann Hoffman, Associate Executive Director and Director, Meeting Services
Joanie Amorosi, Manager, Meeting Services
Rosemarie Breslin, Secretary, Meeting Services
Deborah Butler Newman, Director, Certification and Accreditation
John Dugan, I&A Coordinator
Edmund Haraison, I & A Coordinator
Kathryn Stratos, Parentage Testing Coordinator
Irene Bet-Daniel, Administrative Assistant
Laurel Munk, Director, Publications
Carolina Hales, Publications Editor
Janet McGrath, Assistant to the Director, Publications
Jean Otter, MT (ASCP) SBB, Director, Continuing Education
Lieta Maffei, MT (ASCP) SBB, Manager, Technical Programs
Peggy Allison, Workshop Coordinator

Public Affairs

P. Robert Rigney, Jr., JD, Associate Executive Director and Director, Government Affairs
Jacklyn Campbell, Director, Communications and Public Relations
Mary Ann McMullen, Assistant to the Director, Communications & Public Relations
Celima Richardson, Secretary, Communications and Public Relations
Robin Grossfeld, Director, Marketing and Membership Development
Lisa Englat, Administrative Assistant

Data Report

The data shown on the following pages were summarized from the 1986 AABB Institutional Membership questionnaire, reflecting membership activity during 1985. The questionnaire was returned by 2063 of the 2350 Institutional Members.

The following categories are used:

Type A—Blood center collecting donors and distributing blood and components to other facilities.

Type B—Hospital blood bank which draws more than 100 donors per year.

Type C—Hospital transfusion service which draws fewer than 100 donors per year.

Donation Data

Total Number of Reported Units Drawn

1985 7,222,840 (663 facilities)

1984 7,550,389 (685 facilities)

Percent of change -4.3%

Total Number of Donations (Drawn and Deferred)

1985 7,945,509

Percent deferred 9.1%

(Figures for 1984 not collected)

Number of Units and Donations Drawn or Deferred and Facility Percentages

Type A Facilities (Regional Blood Centers)

	1985	1984
Number of Facilities Reporting	108	121
Number of Units Drawn	6,205,060	5,856,780
Percent of Total Units Drawn	85.9	77.6
Units Not Used, As Percent of Total Drawn	1.8	NA
Number of Donations Deferred	584,929	NA
Total Units Drawn & Donations Deferred	6,789,989	NA
Donations Deferred, As Percent of Total Drawn and Deferred	8.6	NA

Type B Facilities (Hospital Blood Banks)

	1985	1984
Number of Facilities Reporting	436	439
Number of Units Drawn	1,013,340	1,687,400
Percent of Total Units Drawn	14.0	22.3
Units Not Used, As Percent of Total Drawn	2.7	NA
Number of Donations Deferred	136,306	NA
Total Units Drawn & Donations Deferred	1,149,646	NA
Donations Deferred, As Percent of Total Drawn and Deferred	11.9	NA

Type C Facilities (Transfusion Services)

	1985	1984
Number of Facilities Reporting	119	125
Number of Units Drawn	4,437	6,209
Percent of Total Units Drawn	0.1	0.1
Units Not Used, As Percent of Total Drawn	1.6	NA
Number of Donations Deferred	1,434	NA
Total Units Drawn & Donations Deferred	5,871	NA
Donations Deferred, As Percent of Total Drawn and Deferred	24.4	NA

Transfusion Data

Total Units Transfused

1985 14,522,503 (2063 facilities reporting)

1984 14,106,619 (2065 facilities reporting)

Percent of Change +2.9%

Total Number of Facilities Reporting

	Type A	Type B	Type C	Total
1985	106	439	1609	2154
1984	121	449	1598	2068

Transfusion By Facility Type

	Type A		Type B		Type C	
	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting
1985	1.7	15	33.3	439	65.0	1609
1984	1.4	18	34.2	449	64.4	1598

Procedures Performed in 1985

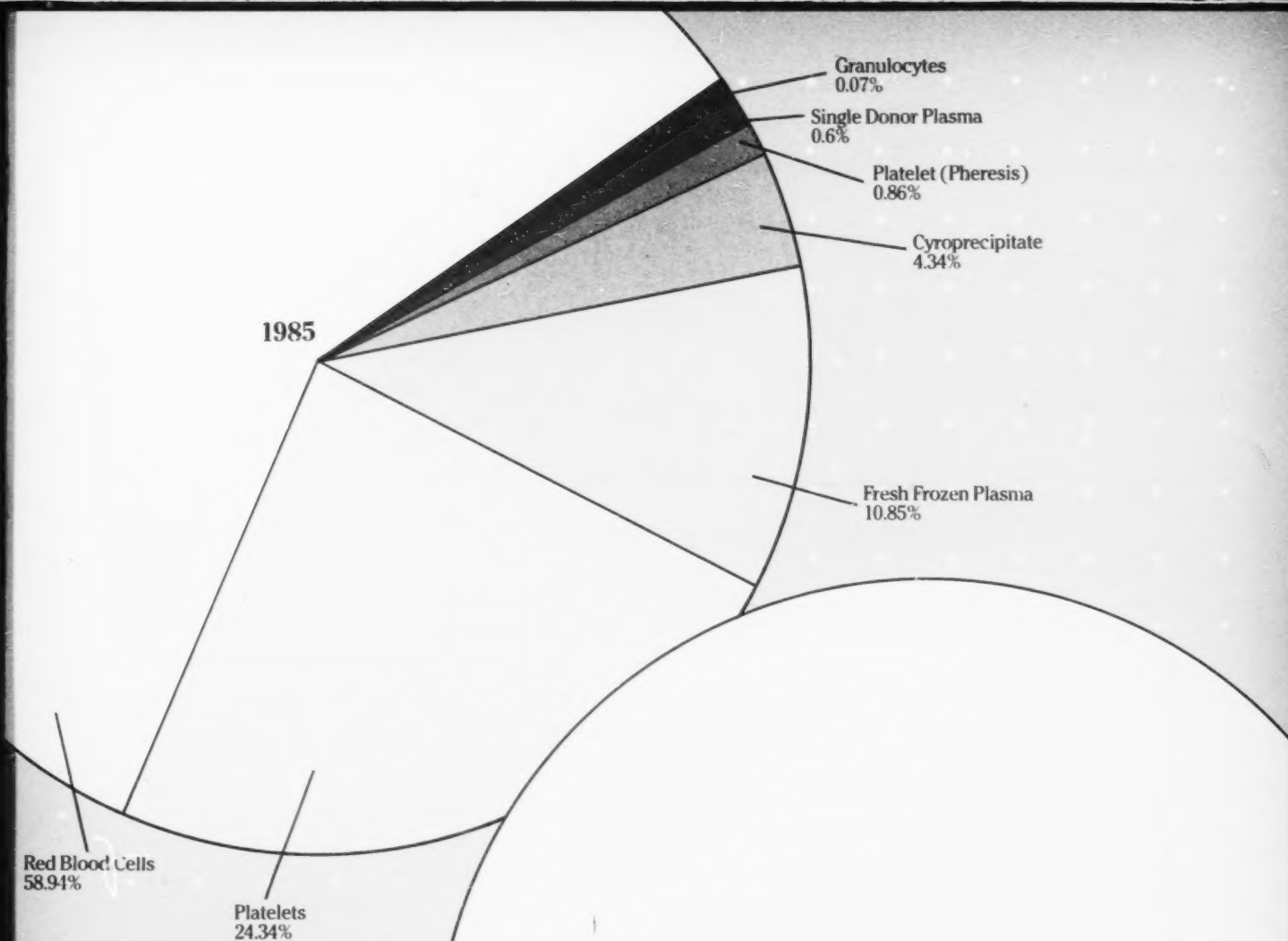
	Type A Facilities	Type B Facilities	Type C Facilities	Total	% Change from 1984
Autologous Units	34,326	33,869	12,224	80,419	+76
Autologous Patients	7,136	11,821	6,347	25,304	NA
Intraoperative Salvage Patients	2,047	9,674	12,978	24,699	NA
Directed Units	24,668	23,199	928	48,795	NA
Therapeutic Phlebotomy	11,065	23,695	18,981	53,741	- 0.5
Plasmapheresis	9,297	3,639	121	13,057	- 9.7
Plateletpheresis	32,888	40,030	5,604	78,522	+24.1
Leukapheresis	3,558	5,167	329	9,054	+ 3.8
Therapeutic Apheresis	18,637	15,596	5,022	39,255	+69.6

Total Crossmatches, Crossmatch to Transfusion Ratio and Percentage of Total Crossmatches by Facility Type

	Total Crossmatches	Crossmatch to Transfusion Ratio	Percent of Cross- matches by Facility
1985	17,410,831	1.9	A= 3.5 B=32.8 C=63.7
1984	17,448,624	2.09	A= 3.3 B=31.7 C=65.0

Estimated Outdated and Discarded Red Blood Cell Containing Component Units

	1985	1984
Total Units Transfused	8,560,078	8,355,240
Units Outdated	403,477	443,109
Total Units Available	8,963,555	8,798,349
% outdated	4.5	5.0

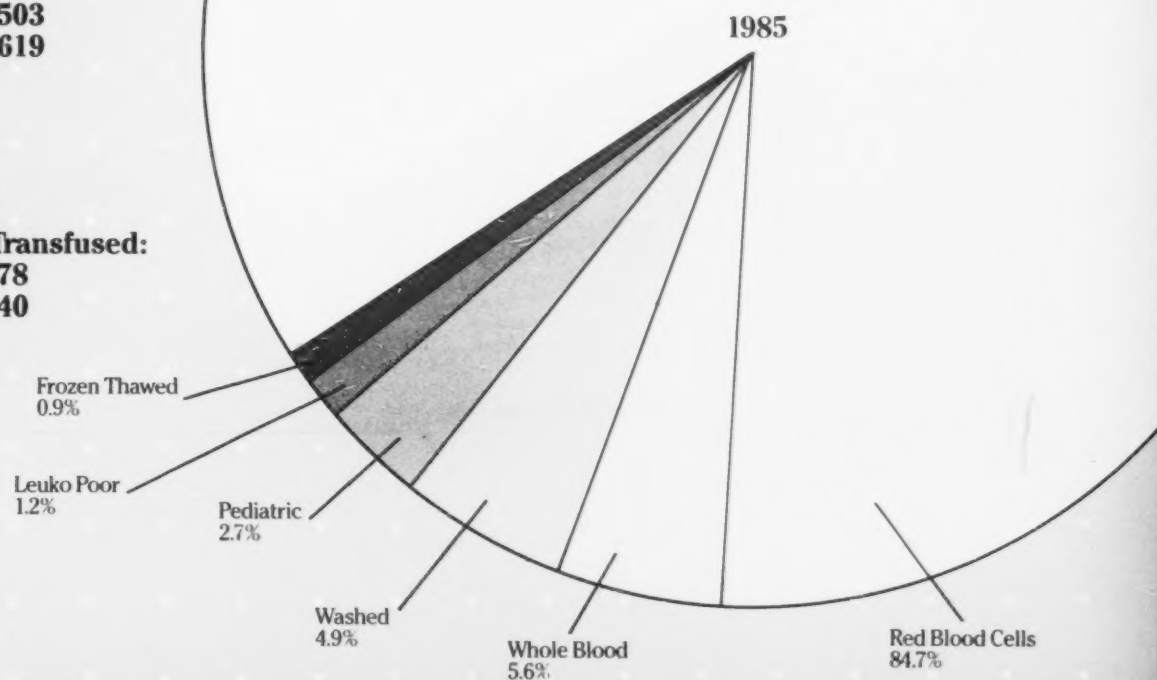


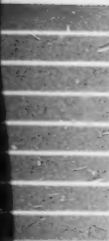
**Total Transfusions,
All Components:**

1985 14,522,503
1984 14,106,619

**Total Red Cell
Components Transfused:**

1985 8,560,078
1984 8,355,240





Financial Statements

AMERICAN ASSOCIATION OF BLOOD BANKS FINANCIAL STATEMENTS FOR THE NINE MONTHS ENDED SEPTEMBER 30, 1986 AND THE YEAR ENDED DECEMBER 31, 1985 WITH AUDIT REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

Treasurer's Report

The financial statements of the American Association of Blood Banks for the year 1986 are presented on the following pages. The records of the Association have been audited by Frank & Company, P.C., certified public accountants.

The results for the year were in accord with the long range plan and the Association remains in a sound fiscal position.

Laurence A. Sherman, MD
Treasurer

We have examined the combined balance sheet of the American Association of Blood Banks at September 30, 1986 and December 31, 1985 and the related statements of revenues, expenses, and changes in operating fund balance, and changes in financial position for the nine months and the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the statements referred to above present fairly the financial position of the American Association of Blood Banks at September 30, 1986 and December 31, 1985, and the results of its operations and the changes in its financial position for the nine months and the year then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Our examination was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of combined functional expenses for the nine months ended September 30, 1986, is presented for purposes of additional information and is not a required part of the basic financial statements. Such information has been subjected to auditing procedures applied in the examination of the basic financial statements, and in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Frank & Company, P.C.
1360 Beverly Road, Suite 300
McLean, Virginia 22101
January 16, 1987

**AMERICAN ASSOCIATION OF BLOOD BANKS COMBINED BALANCE SHEETS
SEPTEMBER 30, 1986 AND DECEMBER 31, 1985
WITH SUPPLEMENTAL COMBINING INFORMATION FOR 1986**

Assets	Association	AABB Foundation	Combined	1985 Combined
Current assets:				
Cash	\$ 638,900	\$ -	\$ 638,900	\$ 327,596
Time deposits and savings accounts	1,542,055	641,381	2,183,436	1,903,326
Accounts receivable, net	62,559	-	62,559	117,299
National Blood Exchange receivables, net	896,707	-	896,707	1,053,806
Inventories of publications and promotional materials, net of valuation reserve	296,304	-	296,304	365,218
Prepaid expenses and other	4,614	-	4,614	8,883
Total current assets	<u>3,441,139</u>	<u>641,381</u>	<u>4,082,520</u>	<u>3,776,128</u>
Property and equipment:				
Equipment and office furniture (Note 8)	306,710	-	306,710	293,150
Leasehold improvements	31,481	-	31,481	15,341
Capitalized leased equipment	48,974	-	48,974	-
Accumulated depreciation and amortization	(174,245)	-	(174,245)	(145,008)
Net property and equipment	<u>212,920</u>	<u>-</u>	<u>212,920</u>	<u>163,483</u>
	<u>\$3,654,059</u>	<u>\$641,381</u>	<u>\$4,295,440</u>	<u>\$3,939,611</u>
Liabilities and Capital				
Current liabilities:				
Current portion of capitalized lease obligations (Note 8)	\$ 8,645	\$ -	\$ 8,645	\$ -
Accounts payable and accrued expenses	223,109	-	223,109	231,203
Payable to co-sponsor of program (Note 4)	85,517	-	85,517	139,353
National Blood Exchange accounts payable	538,302	-	538,302	646,611
Deferred income (Note 4):				
Membership dues and other	317,389	-	317,389	292,988
Annual meeting	475,656	-	475,656	-
Viral Hepatitis Marker Survey Program	85,517	-	85,517	139,353
Radio Platelet Label Program	1,200	-	1,200	5,072
Star Subscription Program	1,985	-	1,985	-
Parentage Specimen Program	5,408	-	5,408	8,357
Total current liabilities	<u>1,742,728</u>	<u>-</u>	<u>1,742,728</u>	<u>1,462,937</u>
Long-term portion of capitalized lease obligation (Note 8)	<u>38,530</u>	<u>-</u>	<u>38,530</u>	<u>-</u>
Total liabilities	<u>1,781,258</u>	<u>-</u>	<u>1,781,258</u>	<u>1,462,937</u>
Commitments (Note 8)				
Capital funds:				
Operating fund:				
Undesignated	1,816,661	-	1,816,661	1,787,875
Designated AABB Foundation (Note 2)	-	641,381	641,381	632,659
Total	<u>1,816,661</u>	<u>641,381</u>	<u>2,458,042</u>	<u>2,420,534</u>
Donated capital	<u>56,140</u>	<u>-</u>	<u>56,140</u>	<u>56,140</u>
Total capital funds	<u>1,872,801</u>	<u>641,381</u>	<u>2,514,182</u>	<u>2,476,674</u>
Total	<u>\$3,654,059</u>	<u>\$641,381</u>	<u>\$4,295,440</u>	<u>\$3,939,611</u>

See accompanying notes to financial statements.

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF REVENUE AND EXPENSES AND CHANGES IN
OPERATING FUND BALANCE FOR THE NINE MONTHS ENDED SEPTEMBER 30, 1986
AND THE YEAR ENDED DECEMBER 31, 1985
WITH SUPPLEMENTAL COMBINING INFORMATION FOR 1986

1986	Association	AABB Foundation	Combined	1985 Combined
Revenue				
Membership dues	\$ 900,426	\$ —	\$ 900,426	\$1,158,608
Publication, promotional and other material sales	457,171	—	457,171	1,124,303
Annual meeting	—	—	—	762,836
National Blood Exchange transaction fees	351,861	—	351,861	441,616
Interest income	117,392	35,665	153,057	193,803
Technical programs	544,973	—	544,973	335,001
Miscellaneous	63,324	—	63,324	77,355
Donations	—	8,765	8,765	37,946
Total revenues	<u>2,435,146</u>	<u>44,430</u>	<u>2,479,576</u>	<u>4,131,468</u>
Expenses				
Member services, including communications and public relations	737,266	—	737,266	694,223
Cost of publication, promotional and other material sales	357,053	—	357,053	587,556
Meeting services	106,600	—	106,600	631,041
Scientific and education	341,234	—	341,234	532,056
Executive management	199,965	—	199,965	252,612
General administration	402,171	—	402,171	482,670
National Blood Exchange	262,071	—	262,071	414,056
Grant awards	—	35,708	35,708	28,980
Total expenses	<u>2,406,360</u>	<u>35,708</u>	<u>2,442,068</u>	<u>3,623,194</u>
Excess of revenue over expenses	28,786	8,722	37,508	508,274
Operating fund, beginning of year	1,787,875	632,659	2,420,534	1,912,260
Operating fund, end of year	<u>\$1,816,661</u>	<u>\$641,381</u>	<u>\$2,458,042</u>	<u>\$2,420,534</u>

See accompanying notes to financial statements.

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF CHANGES IN FINANCIAL POSITION
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 1986
AND FOR THE YEAR ENDED DECEMBER 31, 1985

	<u>1986</u>	<u>1985</u>
Sources of funds:		
Excess of revenue over expenses	\$ 37,508	\$ 508,274
Expense not requiring funds in the current period:		
Depreciation	29,237	39,967
Funds provided by operations	66,745	548,241
Capitalized lease obligations	48,974	—
Increase in:		
Net National Blood Exchange receivables and payables	48,790	87,905
Deferred income	441,385	78,563
Decrease in:		
Accounts receivable	54,740	56,992
Inventories	68,914	—
Other current assets	4,269	9,446
Total sources of funds	<u>733,817</u>	<u>781,147</u>
Uses of funds:		
Purchases of property and equipment	78,674	26,693
Reduction in capitalized lease obligations	1,799	—
Increase in:		
Inventories	—	73,479
Decrease in:		
Accounts payable and accrued expenses	8,094	10,497
Payable to co-sponsor of program	53,836	14,093
Total uses of funds	<u>142,403</u>	<u>124,762</u>
Increase (decrease) in funds	591,414	656,385
Cash, time deposits and savings accounts, beginning of year	2,230,922	1,574,537
Cash, time deposits, and savings accounts, end of year	<u>\$2,822,336</u>	<u>\$2,230,922</u>

See accompanying notes to financial statements.

AMERICAN ASSOCIATION OF BLOOD BANKS NOTES TO FINANCIAL STATEMENTS FOR THE NINE MONTHS ENDED SEPTEMBER 30, 1986 AND THE YEAR ENDED DECEMBER 31, 1985

Organization:

The American Association of Blood Banks (the Association) is a non-profit membership organization of operating blood banks and other blood bankers. The general purposes of the Association are to develop and recommend standards regulating the practice of blood banking; to sponsor and support programs for the testing of blood to promote public health; to maintain the National Blood Exchange; and to conduct numerous programs for communication and education among members and the public.

Summary of significant accounting policies:

Change in Fiscal Year—The Association elected to adopt a September 30 fiscal year, commencing January 1, 1986.

Revenue Recognition—Membership dues from individuals and institutions are payable in advance on a calendar year basis. At September 30, 1986 all deferred income for membership dues relates to calendar year 1986 membership periods. At December 31, 1985, amounts collected which apply to the following fiscal year were recorded as deferred income. Revenue earned on the viral hepatitis survey programs is recognized on a deferred basis until the conclusion of each annual survey. Subscriptions to *Blood Bank Week* are recorded as deferred income and recognized ratably throughout the fiscal year based upon subscription anniversary dates.

Annual Meeting Revenue and Expenses—Revenues and expenses related to the Association's annual meeting are recognized when the meeting is concluded. At September 30, 1986, receipts and expenditures attributable to the fall 1986 meeting are reported as deferred income.

Inventories—Inventories consisting of publications and promotional materials are stated at cost not in excess of market with cost determined on a first-in, first-out basis. Inventory is reported net of a valuation reserve to reflect any possible reduction in inventory value due to obsolescence. At September 30, 1986 and December 31, 1985 the reserves were \$39,623 and \$25,000, respectively.

Depreciation—Depreciation of property and equipment is determined on the straight-line basis over estimated useful lives as follows:

Office furniture and equipment	5 to 10 years
Leasehold improvements	lesser of lease term or useful life
Capitalized leased equipment	lesser of lease term or useful life

Depreciation expense charged to operations was \$29,237 for the nine months ended September 30, 1986, and \$39,967 for the year ended December 31, 1985, respectively.

AABB Foundation—The AABB Foundation is a designation of the Association's operating funds established by the Board of Directors. Interest earned on the original funds designated is to be utilized for research grants in the blood banking field.

Reclassifications—The receivables and payables attributable to the National Blood Exchange (termed the Clearinghouse in prior years) have been combined for purposes of presentation as single amounts.

National Blood Exchange:

Operations—The National Blood Exchange operates as a clearinghouse for the shipping and receiving of blood units by participating blood banks. Processing and service fees are charged to receiving blood banks for each unit of blood received by them and are paid through the National Blood Exchange to the shipping blood banks.

Accounts receivable and accounts payable—Amounts due to or from participating blood banks are stated at fair market value. Accounts receivable are presented net of an allowance for doubtful accounts of \$11,103 for 1986 and \$11,855 for 1985.

Deferred income:

Viral hepatitis marker survey program—The Association co-sponsors and operates annual viral hepatitis marker surveys with the College of American Pathologists. At the conclusion of an annual survey, the co-sponsor receives 50% of the net survey proceeds plus estimated interest earned on short term investments with the cash received by the Association from survey participants. Beginning with fiscal year 1986 the annual viral hepatitis marker surveys are being conducted over a calendar year.

	1986-1987 Survey	1985-1986 Survey
Deferred income, January 1, 1985	\$ —	\$142,173
Additional billings	151,054	103,443
Less:		
Survey expenses	(965)	(116,998)
Payments and increases in amount due to co-sponsor	(75,045)	(64,309)
Deferred income, December 31, 1985	75,044	64,309
Additional billings and interest	59,102	17,985
Adjustment to amount due co-sponsor	—	29,858
Less:		
Survey expenses	(38,155)	(77,701)
Payments and increases in amounts due to co-sponsor	(10,474)	—
Net income to Association	—	(34,451)
Deferred income, September 30, 1986	\$ 85,517	\$ —

The Association recognized revenue from these surveys of \$40,552 for the nine months ended September 30, 1986 and \$48,865 for the year ended December 31, 1985.

Annual Meeting—Due to the change in the fiscal year, revenues and expenditures related to the 1986 annual meeting held in November were deferred and will be recognized as revenues and expenses when the event is held during the following fiscal year.

Culpeper Foundation grant—In 1983 the Association received a grant from the Culpeper Foundation to develop a self-study course on blood component therapy. The study was completed during fiscal year 1985 and, therefore, the Association recognized the remaining revenue from the grant at December 31, 1985. Net income of \$20,000 was recognized in 1985.

Pension plan:

Effective January 1, 1982, the Association adopted a defined contribution pension plan covering substantially all full-time employees. On March 12, 1985, the Plan was restated, effective retroactively to January 1, 1984, to incorporate and clarify tax law changes and regulations which have become effective in the past few years, particularly those pertaining to top-heavy provisions. The Association's annual contribution, as defined in the plan, is based on certain percentages of the participants' compensation for the preceding plan year. Benefits related to employer contributions begin vesting after two years of service, and become fully vested at nine years. Employees may make annual voluntary contributions to the plan of up to \$2,000 plus 10% of their annual compensation as of the last day of the plan year. Pension expense was \$56,852 for the nine months ended September 30, 1986 and \$31,998 for the year ended December 31, 1985.

Income tax status:

The Association is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code.



Lease commitments:

At September 30, 1986, the Association is obligated under noncancelable leases for equipment and office space which expire in various years through 1992. A portion of the leased office space is sublet under a non-cancelable lease through 1987 for annual rental income of \$3,000.

The Association leased a telephone system and an automobile under capital leases expiring in various years through 1991. The assets under capital leases are recorded at the lower of the present value of the minimum lease payments or the fair value of the asset, aggregating \$48,974. The assets are depreciated over the lesser of their related lease terms or their estimated productive lives.

As of September 30, 1986 minimum future rental payments for operating leases and capitalized leases for each of the next five years and in total are:

Year ended September 30,	Capitalized leases	Operating leases
1987	\$13,174	\$ 207,880
1988	13,174	186,172
1989	13,174	181,979
1990	12,542	181,979
1991	7,627	181,979
1992	—	106,154
Total minimum future rental payments	59,691	\$1,046,143
Less: amount representing interest	12,516	
Present value of future lease payments	<u>\$47,175</u>	

Total rental expense for office and equipment was approximately \$156,000 for the nine months ended September 30, 1986 and \$200,000 for the year ended December 31, 1985.

1985-1986 Sustaining Members

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The following institutions and individuals were AABB Sustaining Members or contributed to the AABB Foundation in 1986. Sustaining membership indicates support of the principles, programs, and objectives of the AABB. Funds enable Association activities not otherwise possible. The AABB Foundation supports research in blood banking and transfusion medicine.

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New York, NY

Arnold R. Abrams, MD
Santa Monica, CA

Richard M. Abts, MD
Claremont, CA

Jose G. Acosta-Olmeda, MD
Silvis, IL

Andrew I. Adler, AB, BJ
East Orange, NJ

Maureen H. Ahler, BS, MT (ASCP)
Carson, CA

Azeemuddin Ahmed, BS, MT (ASCP)
Chamblee, GA

Fereydoun A. Ala, MD
Birmingham, England

Robert E. Albee, II
Reading, PA

Alexander P. Albert, MD
Port Elizabeth, South Africa

Victor E. Albites, MD
Baltimore, MD

Clarence P. Alfrey, MD
Houston, TX

Carol A. Alkema, MT (ASCP) SBB
Palos Heights, IL

James P. Almas, MD
Claremont, CA

Edward C. Alport, MD, FRCP (C)
Regina, SK, Canada

Jose O. Alsina
Hato Rey, PR

David Altman
Bagdad, AZ

Ebrahim Amir-Mokri, MD
Chicago, IL

Joginder N. Anand, PhD
Walnut Creek, CA

Constance A. Anderson, MT (ASCP) SBB
West Palm Beach, FL

Barbara J. Anderson, MD
Detroit, MI

Armand C. Andre, MD
Liege, Belgium

Nicole F. Angelier
Sassenage, France

Kenneth S. Armstrong, MD
Richmond, VA

Axel E. Arndt
Sylmar, CA

Julia B. Ashenhurst, MD
Chicago, IL

Thomas M. Asher, PhD
Sherman Oaks, CA

Marjorie Ashurst
West Palm Beach, FL

John N. Ashworth, PhD
Berkeley, CA

Jean-Pierre Aufeuvre, MD
Poissy, France

Charles H. Aust, MD
Fort Wayne, IN

Dott. G. Avanzi
Firenze, Italy

Ronald Axon
Port Elizabeth, South Africa

Wellington K. Ayensu, FIMLS
Raleigh, NC

Aspy S. Ayrton
Hamilton, ON, Canada

Lucia Berte Bachert, MA, MT (ASCP) SBB
Elmhurst, IL

Charlotte K. Bailey, RN
Kenwood, CA

Mary C. Baldauf, MD
Marshfield, WI

Caroline M. Ballweg, MT (ASCP)
Colton, CA

Charles J. Bark, MD
San Diego, CA

Lewellys F. Barker, MD
Chevy Chase, MD

Clyda T. Barnard, BS, NA
Riyadh, Saudi Arabia

Asa Barnes, Jr., MD
Long Beach, CA

Stephanie Barnett, RN
Augusta, GA

Robert M. Barr, MD
London, ON, Canada

S. S. Barron, MD
Chicago, IL

David E. Bassert, MD
Langhorne, PA

Robert L. Bates, BS, MT (ASCP)
Deerfield, IL

William G. Battaile, MD
Washington, DC

Judith M. Beasley, BS, MT (ASCP) SBB
Salt Lake City, UT

K. M. Beattie, MT (ASCP) SBB
St. Clair Shores, MI

Sylvio A. Beaudoin
Stoughton, MA

Marco A. Becerra, MD
Naucalpan, Mexico

Juile A. Beck, MT (ASCP) SBB
San Antonio, TX

Kathy L. R. Bednorz
Ventura, CA

Rose M. Bedrick, RN, SBB (ASCP)
Farmington Hills, MI

James E. Beecham, MD
Riyadh, Saudi Arabia

John Bejes, MT (ASCP)
North Judson, IN

Linda O. Belcher, MT (ASCP) SBB
Oklahoma City, OK

William A. Belding, MD
Iron Mountain, MI

Carol A. Bell, MD
Culver City, CA

J. A. Bell, MT (ASCP) SBB
Milwaukee, WI

Kimberly W. Benjamin, MT (ASCP) SBB
Beverly, MA

Hugh L. Bennett
Belize City, Belize, Central America

Ann C. Bentley, MT (ASCP) SBB
Champaign, IL

Eugene A. Bentley, Jr., MD
West Chester, PA

B. Bergeron, MT (ASCP) SBB
Wilson, NC

Joseph C. Bergeron, Jr., MD
Wilson, NC

Minnie R. Bergman, MT (ASCP)
Minneapolis, MN

M. O. Bergren, MT (ASCP) SBB
San Francisco, CA

Eugene M. Berkman, MD
Wellesley, MA

Patricia A. Berlinski, MT (ASCP)
Stockholm, NJ

Patricia C. Berry
Morrow, GA

Delia R. Bethell, PhD
Mundelein, IL

Celso Bianco, MD
New York, NY

Rodger L. Bick, MD
Bakersfield, CA

Charlotte B. Biddle, BS, MT (ASCP)
Liberal, KS

Victor G. Biro, MD
Los Angeles, CA

Fe Bittel, MT (ASCP) SEB
Des Plaines, IL

Evelyn M. Bizjak, RN
Burlingame, CA

Leif Bjornsson, MD
Chicago, IL

Joseph W. Black, MD
Hilton Head, SC

Lynn F. Blake, MD
Knoxville, TN

Emily A. Blanda, MT (ASCP)
Columbus, OH

Paul W. Bogikes
Rolling Hills, CA

George D. Bollozos, MD
St. Louis, MO

S. R. Borja, MD
Clinton, IA

A. E. Boschetti, MD
Stoughton, MA

Ira Bosma-Stants, MD
Utrecht, The Netherlands

Ann E. Bothe, BS, MT (ASCP) BB
Corinth, MS

Eleanor J. Botsko
Chester, NJ

Herbert S. Bowman, MD
Harrisburg, PA

Richard Bowman
Rockville, MD

Richard D. Boyer, MD
Yuba City, CA

James H. Boyle
Radnor, PA

Newell T. Braatelen, MD
Moline, IL

Carol A. Bradley, MT (ASCP) SBB
Kalamazoo, MI

Richard Bradley, MD
Lake Forest, IL

Hayden G. Braine, MD
Baltimore, MD

Timothy D. Branigin, MD
Flint, MI

Edward S. Breakell, MD
Stamford, CT

Michael F. Breard, MS, MT (ASCP) SBB
Woodinville, WA

Linda D. Brewer, MT (ASCP) BB
Greenville, NC

Charmaine L. Brice, MT (ASCP) SBB
Surgoinsville, TN

Gloria Bristow, BS, MT (ASCP)
Tooele, UT

William E. Bristow, MT (ASCP)
Tyler, TX

Margaret A. Brooks
Lutherville, MD

Theodorus M. Brouwers, MD
Deventer, The Netherlands

Charles L. Brown, Jr., MD
New Orleans, LA

Edward J. Brown
San Antonio, TX

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Cleveland, OH

Stephen J. Brown, MT (ASCP) SBB
Denver, CO

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Truro, NS, Canada

Stephen M. Brzica, Jr., MD
Minneapolis, MN

Curtis L. Buchholz, MD
Huron, SD

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Memphis, TN

Thomas E. Bunch
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Claude O. Burdick, MD
Livermore, CA

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Ocala, FL
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Shreveport, LA
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York, PA
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Mechanicsburg, PA
- Debra K. Evans
New South Wales, Australia
- George W. Evans, MD
Baton Rouge, LA
- Wayne J. Evelo, MT (ASCP)
Browns Mills, NJ

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Dallas, TX

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Hershey, PA

E. John Fales, MD
Newport Beach, CA

Franco G. Fallico, MD
Anchorage, AK

Kenneth J. Fawcett, MD
Nashville, TN

Theodore A. Feintuch, MD
Chattanooga, TN

Carra Dell Felder, MT (ASCP) SBB
Los Angeles, CA

Deborah S. Finley
Tyler, TX

Beverly Fiorella, MT (ASCP) SBB
Oak Park, IL

Harald E. Fischer, MD, PhD
Houston, TX

Mary J. Fisher
Fayetteville, NC

Myron A. Fisher, MD
Fresno, CA

Luisa Flesher
Topeka, KS

P. L. Flesher, MT (ASCP)
Springfield, OH

June L. Fletcher, MT (ASCP) SBB
San Jose, CA

Daniel M. Ford, MT (ASCP)
Alhambra, CA

Eugene Forrester
Memphis, TN

Pablo D. J. Fortes, (ASCP) SBB
Houston, TX

Lee N. Foster, MD
Carmel, IN

Kathy R. Frazier, MT (ASCP) SBB
Augusta, GA

Terry M. Fredeking
Bedford, TX

Lee Freedman
Beverly Hills, CA

Jimmie Fullwood
Flint, MI

James W. Funkhouser, MD
Dayton, OH

M. B. Furlong, Jr., MD
Towson, MD

Eric B. Furman, MD
Seattle, WA

Takashi Furubo
Tokyo, Japan

Karl H. Gaenshirt, PhD
Dreieich, West Germany

William B. Galloway, MD
Denver, CO

Margi A. Gandolfi
New York, NY

R. Gangadhar, MD
Fort Wayne, IN

Eileen Gard
Winnipeg, MB, Canada

M. T. Gardner, MT (ASCP)
Girard, OH

Jack Garfinkle, MD
Sherman Oaks, CA

Ronnie J. Garner, MD
Albuquerque, NM

Philippe Gausset, MD
Brussels, Belgium

Eldon E. Geisert
Bakersfield, CA

Ricardo E. Genovese
Elizabeth, NJ

Vartan E. Ghazarossian, PhD
Palo Alto, CA

Victor P. Ghobril, FRCP
Joliet, PQ, Canada

J. A. Giandelone, MT (ASCP)
New Orleans, LA

Joan W. Gible, MD
York, PA

Frances L. Gibbs, MT (ASCP) SBB
Salt Lake City, UT

E. M. Gibson, MT (ASCP) SBB
Rockford, IL

Herbert C. Gibson, JD
West Palm Beach, FL

Beverly M. Gidden, MT (ASCP)
Greenville, NC

Ronald O. Gilcher, MD
Oklahoma City, OK

Laura N. Gindy, MT (ASCP) SBB
Encino, CA

Gerald F. Giordano, MD
Tucson, AZ

Armand B. Glassman, MD
Charleston, SC

Eric F. Glassy, MD
Harbor City, CA

Diane R. Godin, MT
Campbellton, NB, Canada

Dennis Goldfinger, MD
Encino, CA

Avrum H. Golub, MD
East Meadow, NY

Kellman Gomez-Adams, MSC
Trinidad, West Indies

Alan N. Goodman, MD
Boca Raton, FL

Elaine C. Gordon, MT (ASCP) SBB
Cleveland, OH

Linda J. Gorz, MT (ASCP) SBB
Sarasota, FL

C. M. Gottfrey, RN
Yucca Valley, CA

Mary Gourley, MT (ASCP)
Pittsburgh, PA

Gary R. Graves
Chicago, IL

Trudell S. Green, MT (ASCP) SBB
Austin, TX

John W. Greenleaf
Malvern, PA

D. E. Gregg, MS, MT (ASCP) SBB
Houghton, MI

K. R. Gregory, MT (ASCP) SBB
Seminole, FL

John A. Griep, MD
East Chicago, IN

Marie F. Griffon, MD
Versailles, France

Juan Grifols, MD
Barcelona, Spain

Bobby A. Grigsby, CPA
Houston, TX

Alfred J. Grindon, MD
Atlanta, GA

Sylvia Grimvalds, MT (ASCP)
Springfield, OH

Pamella S. Gronemeyer, MD
Granite City, IL

Mervin H. Grossman, MD
Mesquite, TX

Frank C. Grumet, MD
Stanford, CA

Raymond M. Guevin, MD
Montreal, PQ, Canada

Joseph D. Guillory, Jr., MD
Baton Rouge, LA

Emanuel Hackel, PhD
East Lansing, MI

W. E. Haesler, Jr., MT (ASCP) SBB
Bryn Mawr, PA

Betsy Halleigh, MT (ASCP) SBB
Portola Valley, CA

Michael K. Halley
Clearwater, FL

Thomas G. Haley, BS
Bensenville, IL

Robert D. Hall, MD
Utica, NY

Peter C. Hamel, MD
Waupaca, WI

Martha L. Hamilton, MD
Portland, OR

Velda M. Hamilton, BA
Berkeley, CA

Janice R. Hamlin, MT (ASCP)
Bradenton, FL

Daniel J. Hanson, MD
Toledo, OH

Margaret J. Hanson, MT (ASCP) SBB
Mound, MN

William A. Harada, MD
Easton, PA

Carl Harnarayan, FRCPPath
Trinidad, West Indies

Clarke T. Harding, Jr., COL
Collinsville, IL

W. I. Harding, MT (ASCP)
Lenoir, NC

Bobette M. Harman, VSN
Burlingame, CA

Earl J. Harris
Abington, PA

Jean Harris, RN
Richmond, VA

Chantal R. Harrison, MD
San Antonio, TX

Donald C. Hart
Oakland, CA

Gregory J. Hart, BS, MT (ASCP) SBB
Sarasota, FL

Ronald L. Harvey, MD
Palm Springs, CA

Thomas R. Harwood, MD
Chicago, IL

Edward V. Hastings, MD
Augusta, GA

Raymond G. Hawley, MD
Wichita, KS

Betty M. Hayes
Tyler, TX

David B. Hebert, MT (ASCP)
Shreveport, LA

Sandra L. Hedberg, MT (ASCP)
Lake Orion, MI

Sandra L. Heine, MT (ASCP)
Scotch Plains, NJ

M. Helgeson, MS, MT (ASCP) SBB
Minneapolis, MN

Bernice M. Hemphill
San Francisco, CA

Georgia M. Henderson, MS, MT (ASCP)
New York, NY

George Henry
Brooklyn, NY

John B. Henry, MD
Syracuse, NY

William A. Henthorne, MD
Barberton, OH

Gene N. Herbek, MD
Sioux City, IA

Rafael F. Hernandez, MD
Pueblo, Mexico

William C. Herrick, MD
La Mesa, CA

Roslyn Herst, MD
Toronto, ON, Canada

Jean P. Hester, MD
Houston, TX

Harry H. Hetz, MD
Chicago, IL

Emil D. Hill, BS
San Francisco, CA

James R. Hill, MD
Worthington, OH

Richard H. Hill, III, SH (ASCP)
Tulsa, OK

Sharon G. Hill, RT (CSLT)
Grand Prairie, AB, Canada

John R. Hilsenbeck, MD
Memphis, TN

George E. Himes, DO
Flushing, MI

Takemichi Hirano, MT
Tokyo, Japan

Shigeru Hirose, MD
Nagoya, Japan

Kiyokawa Hiroyuki, MD
Fukoka-ku, Japan

Robert L. Hirsch, MD
Scarsdale, NY

Sarah H. Hixon
Greenville, SC

N. D. Hocker, MT (ASCP) SBB
Lizton, IN

Douglas R. Hocking, FRCPA
Victoria, Australia

Jack L. Hoffer, MT (ASCP) SBB
New York, NY

Lloyd L. Hollenbeck, Jr.
Flemington, NJ

Paul W. Holley, MD
Billings, MT

Wallace H. Holthaus, MD
Harrisonburg, VA

Fred Holtz, MD
Ann Arbor, MI

Jeffrey S. Hook, MT (ASCP) BB
Portland, OR

Glenn S. Hooper, MD
Tampa, FL

William R. Hoops, MD
Salinas, CA

Takemitsu Hosoi, MD
Kyoto, Japan

Joyce A. Hostetler
West Liberty, OH

Kathleen A. Houston, MT (ASCP) SBB
Littleton, CO

Donald L. Howie, MD
Dunedin, FL

Yang Y. Huang, MT
Taiwan, Republic of China

Lawrence Huelsman, Jr.
Charlotte, NC

Clyde J. Huff
Easley, SC

Charles E. Huggins, MD
Boston, MA

R. Thomas N. Hunt, MD
Concord, CA

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Richmond, VA

Leonard C. Hurley, MD
Dundee, IL

David Iamiceli, MS
Middletown, NY

Yasuo Ikeda, MD
Tokyo, Japan

Samuel J. Insalaco, MD
Tacoma, WA

Eleanor S. Irvine, MD
Wichita Falls, TX

Michael H. Irwin, MB, MPH
New York, NY

Janet L. Ishimoto, MT (ASCP)
Chesapeake Beach, MD

S. P. Israels, MD
Amsterdam, The Netherlands

James A. Jack, Jr.
Piscataway, NJ

William R. Jacobs, MT (ASCP) SBB
Tyler, TX

Mary B. Jaffe, MT (ASCP) SBB
Houston, TX

Louis G. Jakovic, MD
Albany, NY

Maurice Jamaer, MD
Hasselt, Belgium

Geraldine James, MT (ASCP) SBB
Riyadh, Saudi Arabia

Lewis P. James, Jr., MD
Worcester, MA

James A. Jamison, II
Sebring, FL

Joann S. Janas, MD
Rochester, NY

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Springfield, MA

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Woodland Hills, CA

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Aalborg, Denmark

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Atlanta, GA

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King of Prussia, PA

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Baden-Baden, West Germany

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Columbus, OH

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Kansas City, KS

Darcy K. H. Kershner, MT (ASCP)
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Sheffield, AL

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Adelphi, MD

Helmut J. Kraemer, MD
Hollywood, FL

Ramon N. Kranwinkel, MD
Danbury, CT

Scherzinger B. Kritikopoulos, RT, (CSLT)
Toronto, ON, Canada

J. M. Krotzman, MT (ASCP) SBB
Madison, WI

Tamara D. Kulenkamp, BS, MT (ASCP)
Inver Grove Hts., MN

Jolanta Kulpa, MD
Brooklyn, NY

Thomas K. Kurella
Dunedin, FL

Monica G. Kwong, BS, MT (ASCP)
Hayward, CA

Michel Lacombe, MD
Montreal, PQ, Canada

Clarence J. Laffer, MD
Rockford, IL

Hillary P. Lalin, MT (ASCP)
Manhasset Hills, NY

Harold V. Lamberson, Jr., MD, PhD
Syracuse, NY

J. T. Lane, PhD
Lauderhill, FL

Gordon E. Lang, MD
Milwaukee, WI

James W. Langley, MD
Dallas, TX

Olga Lardas, MS, MT (ASCP) SBB
Fairfield, CT

Larry C. Lasky, MD
Minneapolis, MN

Peter Lau, MD
Maumee, OH

Helene Lapointe-Lavigne, RT (CSLT)
Gatineau, PQ, Canada

Kevin M. Lawler, MD
St. Paul, MN

Sherry L. Leach, MT (ASCP)
West Frankfort, IL

Kil Un Lee, MD
Culver City, CA

Moonhi Lee, MD
Hoboken, NJ

Albert M. Lema, MLT
Qatar, Saudi Arabia

F. Ann K. Lendosky, RN
Tacoma, WA

Susan Leong, MD
Hong Kong, China

Muriel L. Lerch
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Robert M. Leveque
Charlottesville, VA

Stephen J. Levine, MD
New York, NY

A. J. Lewandowski, MT (ASCP) SBB
Pawtucket, RI

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Independence, OH

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Houston, TX

Thomas J. Liddy, MD
Livingston, NJ

Ronald Lieberman, MD
Potomac, MD

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Dayton, OH

Jesus Linares, MD
Caracas, Venezuela

John R. Lindberg
Park City, IL

Laura E. Lindberg, MT (ASCP) SBB
Monument Beach, MA

Angel Lluch-Py, MD
Barcelona, Spain

Adrienne W. Loehle, MT (ASCP)
Russell Springs, KY

Randall H. Lofton, DO
Port Arthur, TX

Reinhard C. Lohmann, MD
London, ON, Canada

Betty J. Loller, RN
Schertz, TX

Ewald R. Lonser, MD
Glendale, CA

Cynthia G. Lopez, FRCPA
Kuala Lumpur, Malaysia

Luisa Go Lotuaco, MD
Kansas City, MO

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Chatham, ON, Canada

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Fort Wayne, IN

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Staten Island, NY

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San Francisco, CA

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Queensland, Australia

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Franklin Lakes, NJ

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Chevy Chase, MD

M. F. Lyons, MT (ASCP) SBB
Spokane, WA

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Topeka, KS

Colin R. MacPherson, MD
Cincinnati, OH

Anthony A. Magnin, PhD
Willowdale, ON, Canada

Vladimir Mahnovski, MD
Los Angeles, CA

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Dearborn, MI

Tamara Makoto, MD
Sendai, Japan

Vijayalaxmi E. Malavade, MD
New York, NY

LaVonne D. Malcolm, MT (ASCP) SBB
Excelsior, MN

Wilford Maldonado, MD
Lansing, MI

Mohammad I. Malik, MD
Milwaukee, WI

Delores A. Mallory, MT (ASCP) SBB
Rockville, MD

Dale R. Malloy, DPA, MT (ASCP) SBB
Tallahassee, FL

Wilbur W. Malloy, MT
Salinas, CA

Lucy T. Malzone
Medford, MA

Bianca Manasc, MD
Montreal, PQ, Canada

Ermelinda M. Maniacop, MT (ASCP)
Riverside, CA

R. Maniglia, MD
Camp Hill, PA

Frank D. Mann, MD
Scottsdale, AZ

Rosemary Marand, BSc
Sydney, NSW, Australia

Leonard D. Marchionni
Bridgewater, MA

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Buenos Aires, Argentina

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Puebla, Mexico

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Pasadena, CA

Joan Marshall
London, ON, Canada

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Largo, FL

Wolfgang Martin, MD
Berlin, West Germany

Lennart H. Marx, MD
Calgary, AB, Canada

Uda Masayuki, PhD
Okayama, Japan

Valance I. Massiah, MD
Trinidad, West Indies

Sam K. Mathew
New Rochelle, NY

Ann Mathis, BS, MT (ASCP)
Belleville, IL

Carol M. Matsuura, BA, MT (ASCP) SBB
Torrance, CA

Klaus Mayer, MD
New York, NY

Clyde B. McAuley, MD
Los Angeles, CA

John A. McBride, MD
Hamilton, ON, Canada

Terrance A. McBurney, MD
San Antonio, TX

Charlene T. McCabe, MT (ASCP)
Braintree, MA

Charles J. McCammon, MD
Palm Springs, CA

Hugh F. McCorkle, MD
Cleveland Hts., OH

Miles J. McCue, MD
Manchester, NH

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Alexandria, VA

Brian P. McDonough
San Francisco, CA

Mary A. McDowell, MT (ASCP) SBB
Columbus, OH

Carolyn McGhee
Longview, TX

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Birmingham, AL

John R. McGrath, MD
Inglewood, CA

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Lakewood, CO

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Appleton, WI

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Woodbury, NJ

James T. McLaughlin, MD
Wyandotte, MI

Pamela J. McLennan, ART (CSLT)
Nepean, ON, Canada

Francis J. McMahon, MD
Poughkeepsie, NY

James B. McMillan, MD
Lorain, OH

Francie McNair, MT (ASCP)
Weston, MO

Ruthven L. McShine
Groningen, The Netherlands

Enid L. Megyesi
Fairbanks, AK

J. R. Meier, MD
New Orleans, LA

Lawrence R. Mello
Oakland, CA

Adalberto Mendoza, MD
Ponce, PR

Kathy S. Merritt, MT (ASCP) SBB
Houston, TX

Harold T. Meryman, MD
Rockville, MD

John H. Metcalf, MD
Hayward, CA

Roland Metellus, BB (ASCP)
New York, NY

Diego A. Mezzano
Santiago, Chile

John D. Milam, MD
Houston, TX

David T. Miller, MD
Greenville, NC

Jacqueline Miller, MD
Eugene, OR

William V. Miller, MD
St. Louis, MO

Lulu M. Mims, MT (ASCP) SBB
St. Louis, MO

Sharon R. Montgomery, MT (ASCP) SBB
Grand Prairie, TX

Hugh C. Moore, MD
Tupelo, MS

Larry L. Moore
Owensboro, KY

Lillian Morales
San Francisco, CA

Phyllis A. Morel, MT (ASCP) SBB
Alameda, CA

Bobby B. Morgan, MT (ASCP) SBB
Little Rock, AR

R. Irvin Morgan, MD
Greenville, TX

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Jackson, MS

James W. Mosley, MD
Los Angeles, CA

Willis F. Mueller, MD
Flint, MI

E. E. Muirhead, MD
Memphis, TN

Sanford A. Mullen, MD
Jacksonville, FL

Anne M. Muller, MD
Rochester, NY

Victor H. Muller, MD
Carmel, IN

Seizo Murakami, MD
Tokyo, Japan

Jeannine M. Murphy, BS
Indianapolis, IN

Scott Murphy, MD
Ardmore, PA

Joseph E. Murray
North Baldwin, NY

Jayne M. Myers
Bradenton, FL

Mary A. Myers, MT (ASCP) SBB
Alameda, CA

Byron A. Myhre, MD, PhD
Torrance, CA

Kathleen M. Nagy, MT
West Carrollton, OH

Debra L. Nakade, BA, MT (ASCP)
Atwater, CA

Yukio Nakamura, MD
Hirosaki, Japan

Yutaka Y. Nakasako, MT (ASCP) SBB
Gardena, CA

Shaila V. Nayak, MD
Livingston, NJ

Peter B. Neame, MD
Hamilton, ON, Canada

H. M. Neisler, MT (ASCP) SBB
Hattiesburg, MS

Janice M. Nelson, MD
Los Angeles, CA

Norman A. Nelson, MD
Plymouth, MI

Stephen H. Nestanpower
Dallas, TX

Deborah A. Nester, MT (ASCP)
Southboro, MA

Mae B. Nettleship, MD
Fayetteville, AR

Ward M. Newcomb, MD
Hays, KS

James R. Newland, MD
Omaha, NE

Mark A. Newman
Melrose Park, IL

Pierce P. Newman, Jr., MD
Port Arthur, TX

James L. Newsome, MD
New York, NY

Trinh A. Nguyen, MD
Bloomfield Hills, MI

Michael J. Nichol
Gloucester, ON, Canada

Mary L. Nielsen, MD
Wichita, KS

Grace M. Neitzer, MT (ASCP) SBB
Memphis, TN

Bernard Noel, MD
Belleville, France

Roy M. Nomura, MD
St. Louis, MO

Thomas A. Noto, MD
Miami, FL

Robert W. Novak, MD
Akron, OH

Pearl E. Novotny, BS, MT (ASCP)
Shrewsbury, PA

Jeffrey A. Null, MD
Kingston, PA

Jacob Nusbacher, MD
Toronto, ON, Canada

David M. O'Brien, MD
Columbus, IN

Frederick F. O'Brien, MD
Thunder Bay, ON, Canada

Hugh F. O'Connell
Stamford, CT

Karen L. O'Connor, MT (ASCP) SBB
Chestertown, MD

Michael R. O'Leary, MD
Syracuse, NY

Joseph A. O'Sullivan
Norfolk, England

Claude E. Oberdorfer, MD
Racine, WI

Harold A. Oberman, MD
Ann Arbor, MI

Fred G. Odere, MD
Durham, NC

Philip Ohringer
Seattle, WA

Steven J. Ojala, PhD
Berkeley, CA

Yasuto Okubo, MD
Osaka, Japan

H. Jay Olmstead
Santa Barbara, CA

Richard C. Olshock, MD
Evergreen, CO

Kenji Ooe, MD
Chiba, Japan

Albert A. Oyama, MD
Lake Oswego, OR

Abe Oyamada, MD
Glendora, CA

George J. Padilla, MT (ASCP)
Mililani Town, HI

Antonio G. Pading, MT
Los Angeles, CA

Agasanakatee Palakshappa, MD
Morristown, TN

Benjamin B. Park, MD
Holyoke, MA

Hydow Park, MD
Newtown Square, PA

William M. Parks, MD
Durham, NC

Janice H. Parrish, MT (ASCP)
Gainesville, FL

Stefania Pascuale-Barrios
East Carabobo, Venezuela

Dewey H. Pate, MD
Raleigh, NC

Pegi Ann Patriquin, RT
Debert, NS, Canada

Heidi A. Patterson, MT (ASCP) SBB
Portland, OR

Mariela de L. Marques Pedro, MD
Lisbon, Portugal

Joseph S. Pennepacker, MD
Sioux City, IA

Louis Perron, MD
Montreal, PQ, Canada

J. Peters, MD
Columbus, GA

Bonnie J. Peterson, RN, MT (ASCP)
Bristol, WI

Kay H. Peterson, MT (ASCP)
Pleasant Grove, UT

Sr. Mary Petronia, MT (ASCP)
Brooklyn, NY

Eugenia F. Petteway, MT (ASCP) SBB
Raleigh, NC

Dorothy M. Pfender, MT (ASCP) SBB
Pottstown, PA

Sheila D. Phillips, CLA, MT (ASCP)
Naples, FL

Bartholomew A. Philpotts
East Patchogue, NY

Carlos Pinto, MD
Suffolk, VA

Patricia T. Pisciotto, MD
Granby, CT

Herbert F. Polesky, MD
Minneapolis, MN

Sandra R. Poling, MT (ASCP) SBB
Woburn, MA

Janet L. Ponzer, MT (ASCP) SBB
Denver, CO

Annette O. Poon, MD
Toronto, ON, Canada

William H. Portman
Pittsburgh, PA

Edwin D. Poulson, MD
Denver, CO

Pamela R. Powell
Topeka, KS

Charles B. Preacher, MD
Davenport, IA

G. A. Puente-Duany, MD
Miami, FL

Garriga N. Pujolar
Barcelona, Spain

Jerry L. Puls, MD
Tulsa, OK

Celso S. Puno, MD
Morris Plains, NJ

Thelma J. Purcelli
San Francisco, CA

Robert W. Purvis, MD
Modesto, CA

Alam M. Qadri, MD, FRCP (C)
Youngstown, OH

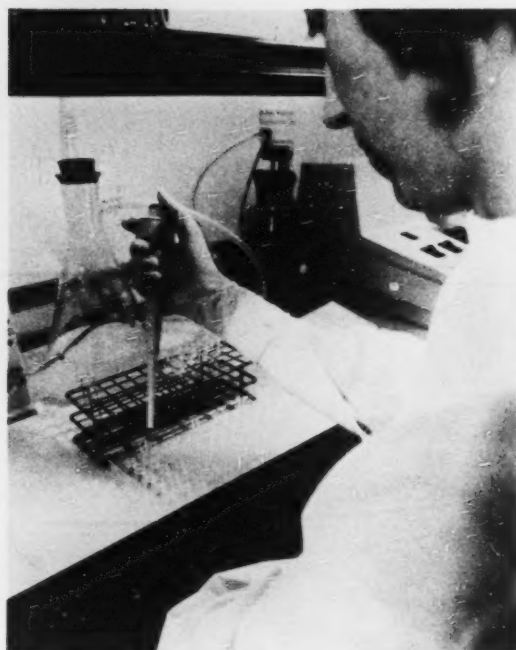
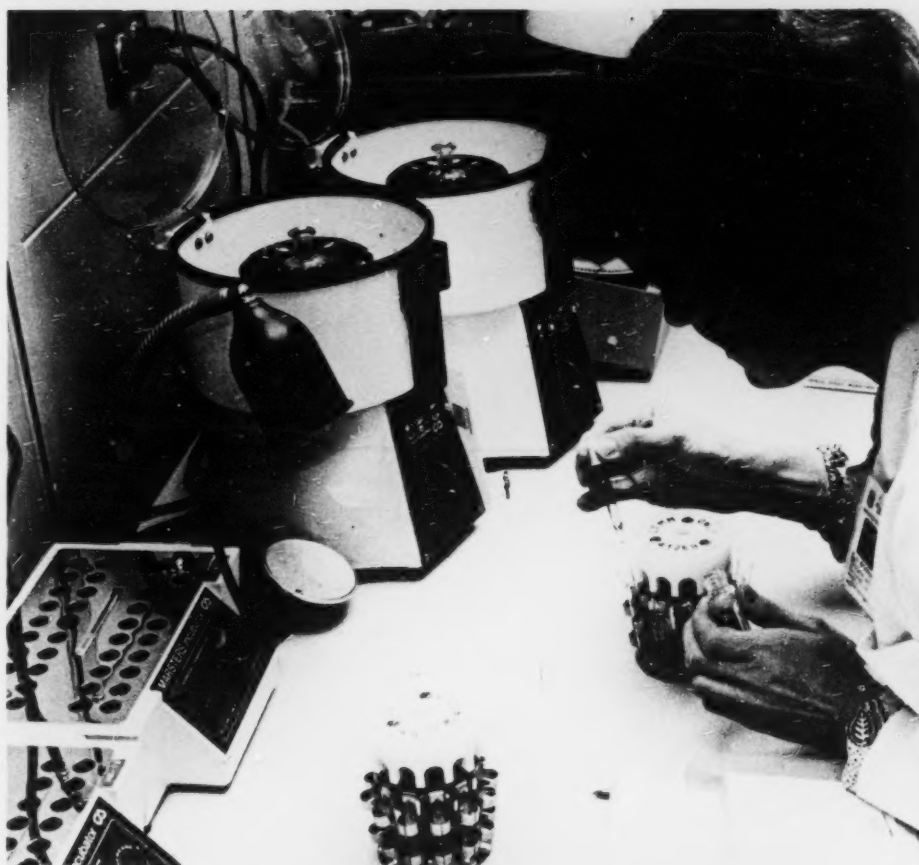
Felipe A. Querimit, MD
Denville, NJ

David S. Rajnowitz, MD
Kings Point, NY

- Antonio A. Rabor, Jr., MD
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New York, NY
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River Edge, NJ
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San Antonio, TX
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Ottawa, ON, Canada
- L. R. Rockwell, MT (ASCP) SBB
Coronado, CA
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St. Louis, MO
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Miami, FL
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Scottsdale, AZ
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Westchester, IL
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Minneapolis, MN
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Oklahoma City, OK
- Milton W. Roggenkamp, MD
West Lafayette, IN
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San Antonio, TX
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Norcross, GA
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Bedford Hills, NY
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Fayetteville, NY
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Virginia Beach, VA
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Chicago, IL
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Hinsdale, IL
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Burbank, CA
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Elmhurst, NY
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Wichita, KS
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Bethesda, MD
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Kingsport, TN
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Syracuse, NY
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Paris, France
- Luigi D. Salvo-Cardullo, MD
Del Estado Zulia, Venezuela
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Jackson, MS
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Shreveport, LA
- Page D. Sanchez, MHS, MT (ASCP) SBB
New Orleans, LA
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Ironwood, MI
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Tottori, Japan
- Paula H. Saunders, PhD
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Santa Rosa, CA
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Potomac, MD
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Albany, NY
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McKeesocks, PA
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Winnipeg, MB, Canada
- Helen M. Schindler, MT (ASCP)
Belmont, CA
- Ronnie G. Schlesinger, MD
Oklahoma City, OK
- R. P. Schmidt, MT (ASCP) SBB
Scottsdale, AZ
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Richmond, KY
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Spokane, WA
- Julian B. Schorr, MD
Falls Church, VA
- Leonard Schreiber
Los Angeles, CA
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Manchester, MO
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Houston, TX
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Mansfield, MA
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Redlands, CA
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Boston, MA
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Willowdale, ON, Canada
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Saint Mary's, PA
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Cleveland, OH
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San Diego, CA
- James Shaw
Evansville, IN
- Jeffrey M. Shear, MD
Oklahoma City, OK
- Sandra M. Shedlarski, MT (ASCP) SBB
Bossier City, LA
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Clearwater, FL
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Livonia, MI
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St. Louis, MO
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Pittsburgh, PA
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Taiwan, Republic of China
- R. S. Shirey, MT (ASCP) SBB
Baltimore, MD
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St. Louis, MO
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Atlanta, GA
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Los Angeles, CA
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New Orleans, LA
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West Hollywood, CA
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Jackson, TN
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Baltimore, MD
- Jane M. Sobonya, RN
Chagrin Falls, OH
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Grand Rapids, MI
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Glen Cove, NY
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Marion Station, PA
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Modena, Italy
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Wilmington, DE
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San Angelo, TX
- Charlyn G. Stahl, MT (ASCP) SBB
Pasadena, TX
- Linda A. Stai, MT (ASCP) SBB
Eau Claire, WI

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South Orange, NJ
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La Puente, CA
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Jacksonville, FL
- Roy T. Staub, MD
New Orleans, LA
- Edwin A. Steane, PhD
Dallas, TX
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Dallas, TX
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Tampa, FL
- Laurette Steenssens
Bornem, Belgium
- Peter J. Stephens, MD
Davenport, IA
- Walter R. Stern, MD
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 Saint Elizabeth Community Health Center, Lincoln, NE
 Saint Francis Medical Center, Trenton, NJ
 Saint Francis Community Hospital, Greenville, SC
 Saint Francis Hospital, Miami Beach, FL
 Saint Francis Medical Center, La Crosse, WI
 Saint Frances X. Cabrini Hospital, Chicago, IL
 Saint Frances Cabrini Hospital, Alexandria, LA
 Saint Francis Medical Center, Lynwood, CA
 Saint Helena Parish Hospital, Greensburg, LA
 Saint James Hospital, Chicago Heights, IL
 Saint John's Riverside Hospital, Yonkers, NY
 Saint Joseph Hospital, Atlanta, GA
 Saint Joseph Hospital, Nashua, NH
 Saint Joseph Hospital, Stamford, CT
 Saint Joseph Intercommunity Hospital, Cheektowaga, NY
 Saint Joseph Hospital and Health Care Center, Lancaster, PA
 Saint Joseph's Hospital, Philadelphia, PA
 Saint Joseph's Hospital, Buckhannon, WV
 Saint Joseph's Hospital, Asheville, NC
 Saint Joseph's Hospital, Huntingburg, IN
 Saint Joseph Mercy Hospital, Mason City, IA
 Saint Joseph's Medical Center, Brainerd, MN
 Saint Joseph Hospital, Elgin, IL
 Saint Joseph Hospital of Jackson County, Kansas City, MO
 Saint Joseph Hospital, Denver, CO
 Saint Joseph's Hospital, Tucson, AZ
 Saint Joseph Hospital, Eureka, CA
 Saint Luke's Hospital, Jacksonville, FL
 Saint Luke's Hospital, Duluth, MN
 Saint Luke's Episcopal Hospital, Houston, TX
 Saint Luke's Hospital, San Francisco, CA
 Saint Luke's Hospital, Middleboro, MA
 Saint Margaret's Hospital for Women, Boston, MA
 Saint Margaret's Hospital, Montgomery, AL
 Saint Mark's Hospital, Salt Lake City, UT
 Saint Mary Hospital, Hoboken, NJ
 Saint Mary Hospital, Langhorne, PA
 Saint Mary of Nazareth Hospital Center, Chicago, IL
 Saint Mary's Hospital of Brooklyn, Brooklyn, NY

Saint Mary's Hospital, Philadelphia, PA
 Saint Mary's Hospital, Huntington, WV
 Saint Mary's Hospital and Health Center, Tucson, AZ
 Saint Nicholas Hospital, Sheboygan, WI
 Saint Vincent Hospital, Billings, MT
 Saint Vincent Hospital, Worcester, MA
 Saint Vincent's Medical Center of Richmond, Staten Island, NY
 Saint Vincent Hospital, Green Bay, WI
 Saint Vincent Hospital, Santa Fe, NM
 Saints Mary & Elizabeth Hospital, Louisville, KY
 Samuel W. Miller Memorial Blood Center, Bethlehem, PA
 San Juan Regional Medical Center, Farmington, NM
 San Pedro Peninsula Hospital, San Pedro, CA
 Sandstone Area Hospital, Sandstone, MN
 Santa Rosa Memorial Hospital, Santa Rosa, CA
 Scioto Memorial Hospital, Portsmouth, OH
 Seaway Hospital Laboratory, Trenton, MI
 Seton Medical Center, Daly City, CA
 Shady Grove Adventist Hospital, Rockville, MD
 Shadyside Hospital, Pittsburgh, PA
 Sharp Memorial Hospital, San Diego, CA
 Shawnee Medical Center Hospital, Shawnee, OK
 Shore Memorial Hospital, Somers Point, NJ
 Sierra Medical Center, El Paso, TX
 Silas B. Hays Army Community Hospital, Fort Ord, CA
 Sinai Hospital of Detroit, Detroit, MI
 SmithKline Bio-Science Laboratories, King of Prussia, PA
 Somerset Community Hospital, Somerset, PA
 South Baltimore General Hospital, Baltimore, MD
 Southeastern Medical Center, No. Miami Beach, FL
 South Florida Baptist Hospital, Plant City, FL
 South Highland Hospital, Birmingham, AL
 South Hills Health Systems, Pittsburgh, PA
 South Shore Hospital and Medical Center, Miami Beach, FL
 South Shore Hospital, South Weymouth, MA
 Southeast Alabama Medical Center, Dothan, AL
 Southern Maryland Hospital Center, Clinton, MD
 Southern Nevada Memorial Hospital, Las Vegas, NV
 Southview Hospital, Centerville, OH
 Southwest Detroit Hospital, Detroit, MI
 Southwest General Hospital, San Antonio, TX
 Spartanburg Blood Bank, Inc., Spartanburg, SC
 Spencer Municipal Hospital, Spencer, IA
 Spring Branch Memorial Hospital, Houston, TX

Stamford Hospital, Stamford, CT
 Stanford University Blood Bank, Palo Alto, CA
 Stanford University Hospital, Stanford, CA
 Staten Island Hospital, Staten Island, NY
 Stephen's Memorial Hospital, Norway, ME
 Stewart Blood Center Inc., Tyler, TX
 Story County Hospital, Nevada, IA
 Sturdy Memorial Hospital, Attleboro, MA
 Suburban Hospital, Bethesda, MD
 Sutter General Hospital, Sacramento, CA
 Swedish Covenant Hospital, Chicago, IL
 Sylvan N. Goldman Center, Oklahoma City, OK
 Tarrant County Hospital, Fort Worth, TX
 Terrebonne General Hospital, Houma, LA
 Texoma Regional Blood Center, Sherman, TX
 Thibodaux General Hospital, Thibodaux, LA
 Tipton County Memorial Hospital, Tipton, IN
 Toledo Hospital, Toledo, OH
 Tri-Cities Medical Laboratory, Johnson City, TN
 Trinity Memorial Hospital, Cudahy, WI
 Two Rivers Community Hospital, Two Rivers, WI
 Union City Memorial Hospital, Union City, IN
 Union Hospital Association, Dover, OH
 United Hospitals Medical Center, Newark, NJ
 United Hospital Center, Inc., Clarksburg, WV
 United Mine Workers of America Union Hospital, West Frankfort, IL
 Unity Hospital, Fridley, MN
 University of California Medical Center, San Francisco, CA
 University Hospital, Inc., Boston, MA
 University Hospital, Augusta, GA
 The University Hospital, St. Louis, MO
 University of Illinois Hospital, Chicago, IL
 University of Jacksonville Hospital, Jacksonville, FL
 University of Kentucky Medical Center Hospital, Lexington, KY
 University of Maryland Hospital, Baltimore, MD
 U.S. Lyster Army Hospital, Fort Rucker, AL
 U.S. Air Force Academy Hospital, USAF Academy, CO
 U.S. Air Force Hospital Incirlick, APO New York, NY
 U.S. Air Force Hospital Kirtland, Kirtland, AFB, NM
 U.S. Air Force Hospital Mather, Mather, AFB, CA
 U.S. Air Force Hospital, Elmendorf AFB, AK
 U.S. Air Force Regional Hospital, Minot, ND
 Veterans Administration Medical Center, Biloxi, MS
 Veterans Administration Medical Center, Martinez, CA

Veterans Administration Medical Center, Jackson, MS
 Veterans Administration Medical Center, Leavenworth, KS
 Veterans Administration Medical Center, Wichita, KS
 Veterans Administration Lakeside Medical Center, Chicago, IL
 Veterans Administration Medical Center, New York, NY
 Veterans Administration Medical Center, Philadelphia, PA
 Veterans Administration Medical Center, North Chicago, IL
 Veterans Administration Medical Center, Muskogee, OK
 Veterans Administration Medical Center, Albany, NY
 Veterans Administration Medical Center, Houston, TX
 Veterans Administration Medical Center, San Juan, PR
 Veterans Administration Medical Center, Alexandria, LA
 Veterans Administration Medical Center, Chillicothe, OH
 Veterans Administration Medical Center, San Diego, San Diego, CA
 Valley Hospital Medical Center, Las Vegas, NV
 Valley Medical Center of Fresno, Fresno, CA
 Verdugo Hills Hospital, Glendale, CA
 Victory Memorial Hospital, Brooklyn, NY
 Virginia Blood Bank, Inc., Richmond, VA
 Virginia Baptist Hospital, Lynchburg, VA
 Virginia Commonwealth University Hospital, Richmond, VA
 Waldo County General Hospital, Belfast, ME
 Walker Memorial Hospital, Avon Park, FL
 Walker Regional Medical Center, Inc., Jasper, AL
 Wallace Thomson Hospital, Union, SC
 Walter L. Shepard Community Blood Center, Inc., Augusta, GA
 Waltham Weston Hospital and Medical Center, Waltham, MA
 Warren General Hospital, Warren, PA
 Washington-St. Tammany Charity Hospital, Bogalusa, LA
 Waterville Osteopathic Hospital, Waterville, ME
 Wayne General Hospital, Wayne, NJ
 Weirton Medical Center, Weirton, WV
 Wentworth Douglass Hospital, Dover, NH
 West Essex General Hospital, Livingston, NJ
 West Georgia Medical Center, Lagrange, GA
 West Hudson Hospital, Kearny, NJ
 West Park Hospital, Philadelphia, PA
 West Tennessee Regional Blood Center, Inc., Jackson, TN
 Western Baptist Hospital, Paducah, KY
 Western Kentucky Regional Blood Center, Owensboro, KY
 Western Province Blood Transfusion Service, Cape Town, South Africa
 Western Medical Center, Santa Ana, CA

Whidden Memorial Hospital, Everett, MA
 White Memorial Hospital, Los Angeles, CA
 White Plains Hospital, White Plains, NY
 G. N. Wilcox Memorial Hospital, Lihue, HI
 Williamsburg Community Hospital, Williamsburg, VA

Winter Park Memorial Hospital, Winter Park, FL
 Worcester Hahnemann Hospital, Worcester, MA
 Youngstown Osteopathic Hospital, Youngstown, OH
 Zurbrugg Memorial Hospital, Riverside, NJ



Credits:

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AMERICAN ASSOCIATION OF BLOOD BANKS

1117 North 19th Street, Suite 600
Arlington, Virginia 22209
(703) 528-8200